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1		00004	MARYLA DIVISION OF VITAL RECORD	s, 301 W. F	DEPARTMENT OF PRESTON STREET, BAL CATE OF DEATH		RYLAND 21201	000	04
degrad 2		CEASED-NAME First ype or print) Joseph		aker	Lost	2o. DATE O	Janonth 31 Doy	1968	2b. HOUR 7P.
	3. SE	x Male	4. RACE White		S. DATE OF BIRTH June 4, 18	91	6. AGE (In years lost-bighdoy)	IF UNOER I YEAR MONTHS DAYS	IF UNDER 24 HRS. HOURS MIN
camplerely Tilled in Sy ave carban papers. Py y event, within 72 haur	7o. B	IRTHPLACE (State or foreign	7b. CITIZEN OF WHAT COUNTRY?	WIDOWED		9. COUNTY O			N
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val, and	160. Y	WAS DECEASED EVER IN U.S. ARI	MED FORCES? 16b. SOCIAL SECURITY 232-01-1		INFORMANT Joseph M. Bak	er_R.D.	Address 1, Wester		Md.
shauld be filed with the State Dept. at Health priar ta burial, crematian, ar remayal, and in any event, within 72 haurs after		PART I. DEATH WAS CAUSE IMMEDI. Conditions, if ony, which gove rise to immediate cause (a), stoting the underlying cause lost.	DUE TO, OR AS A CONSEQUENCE (c)	dards OF Cleros	d info	eha-	3	BEIWEN	NSET AND OFATH
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	MEDICAL	OR CONTRIBUTING CAUSE OF DEA (If either, notify medical exami- 21d. INJURY OCCURRED 21e. While Notwhile	ATH HOUR A.M. Month Doy Ye	or 19	HOW INJURY OCCURRED (Ent		y or Town	County	Stote
		at work of work 22a. I certify that (I) (the saw the deceased of causes stated abave 22b AGNATURE	nis haspital) attended the decer alive on 22 e (I) (we) (did) (did nat) view th	10-	^		STAFF 22c.	, that ate and haur DATE SIGNED	(I) (we) la
1	230.	BURIAL, CREMATION, 23b.		OF CEMETERY OF	22e. ADDRESS Piedmon		PHYS. L.	(County)	(Stote)
4) /68	24.	REMOVAL (Specify) EUNERAL DIRECTOR P. Branch	Westernport,	oclair SS Md.	250. REC'D	BY REGISTRAR	25b. REGISTRAR'S		ige.

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MAKYLAND STATE DEPAKIMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 00005 MEDICAL EXAMINER'S CERTIFICATE OF DEATH **FOR STATE** HEALTH-DEPT. 1. DECFASED-NAME Middle 2a. DATE KNOWN Manth (Type or Print) OF ESTI-DEATH MATED 1-7-68 6:00 PM James Paul Barnhill 4. RACE 6. AGE (In years last birthday) IF UNDER 24 HRS. 2c. DATE PRONOUNCED DEAD 3. SEX 2d. HOUR 5. DATE OF BIRTH January 7, 1968 6:30 Male White Jan 7, 1888 80 YRS 7o. BIRTHPLACE (Stote or foreign 7b. CITIZEN OF WHAT COUNTRY? MARRIED KINEVER MARRIED 9. COUNTY OF DEATH poges 1 and 2 with the State D WIDOWED [DIVORCED Allegany U.S.A. the certificote, writing the word "pending" in pencil in Item 18. Give Poges is should be farwarded to the Chief Medicol Examiner's Office olang with forg 8. Give Poges deoth 10. CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL OR INSTITUTION (If not in haspital 12a, USUAL OCCUPATION (Kind of work done 12b. KIND OF BUSINESS OR give street address) 557 during most of working life, even if retired.) INDUSTRY
Retired cement finisher B" Street LaVale 13d INSIDE CITY LIMITS? 13e. STREET AND NUMBER 13a. USUAL RESIDENCE (Where deceosed lived, if institution: Residence before 13c. CITY OR TOWN after death. 13b. COUNTY Allegany Maryland 551 B Street YES NO LaVale 14. FATHER'S NAME Middle 15 MOTHER'S MAIDEN NAME First Last Middle James Barnhill Donnelly Theresa _= 17. INFORMANT 16g. WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO. ADDRESS (Yes, na, or unknown) (If yes give war or dates of service) 220-10-2251 Mrs. Wm E. Mitchell 551 B Street-LaVale.Md File ony event within be executed 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c),) BETWEEN DISET AND DEATH PART I. DEATH WAS CAUSED BY: Occlusion Sudden Coronary IMMEDIATE CAUSE (a). DUE TO, OR AS A CONSEQUENCE OF Sclerosis Conditions, if any, which gave Coronary rise to immediate cause (a), should DUE TO, OR AS A CONSEQUENCE OF stating the underlying cause certificate PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a) 050 remavol, 19a. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION 20. AUTOPSY? WAS PERFORMED? YES NO X pe 21g. EXTERNAL CAUSE WAS 21b. TIME OF INJURY Month, Day, Year 21c. HOW INJURY OCCURRED (Enter noture of injury in Part 1 or Port 2, Item 18.) 3 should PRIMARY OR CONTRIBUTING HOUR A.M cremotion, CAUSE OF DEATH 21d. INJURY OCCURRED 21e. PLACE OF INJURY (At hame, farm, street, 21f, LOCATION Street or R.F.D. Na. City or Town County State factory, office building, etc.) NDT WHILE 22a. I certify that I took charge of the remains described above, held an Autopsy , Inspection X. Inquiry X and in my apinian death resulted fram: Natural causes X. Accident . Suicide . Hamicide Undetermined manner CHIEF MEDICAL EXAMINER ACTUAL 22b. DATE SIGNED ASSISTANT MEDICAL EXAMINER January 7, 1968 DEPUTY MEDICAL EXAMINER TO FUN Health **EXAMINER'S** BENEDICT SKITARELIC. M.D. ADDRESS(Street, city, tawn, or count Cumberland, Md. NAME (Type) 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) 23g. BURIAL CREMATION. 23b. DATE (County) REMOVAL (Specify) Allegany Maryland 1-10-68 LaVale Rest Lawn Memorial Park Buria 24. FUNERAL DIRECTOR 25a. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE VR A15ME (5 H. Lee Silcox Cumberland Maryland 21502

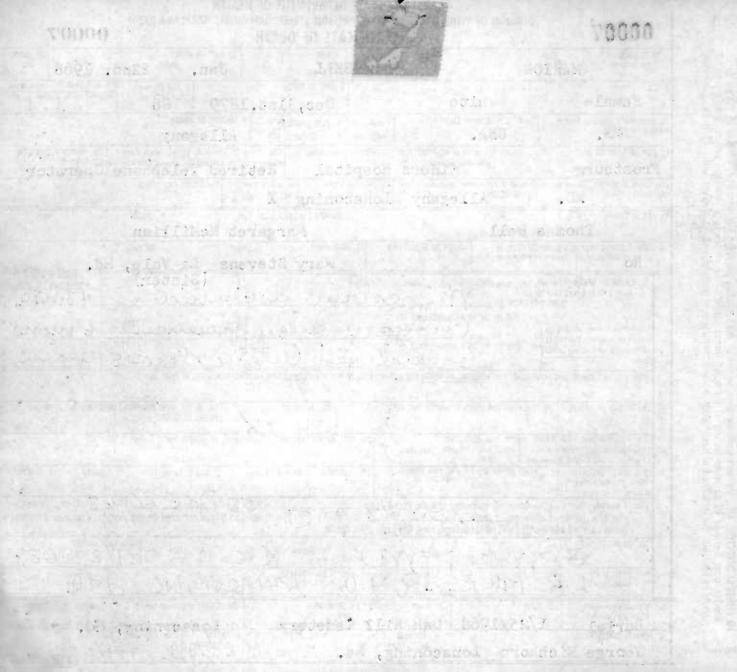
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DIVISION OF VITAL RECORDS, 301 .V. PRESTON STREET, BALTIMORE, MARYLAND 21201 00006 00006 CERTIFICATE OF DEATH Last 2g. DATE OF DEATH First Middle 2b. HOUR 1. DECEASED-NAME death. (Type or print) Manth Bertha Beeman Jan 4 RACE 5. DATE DE BIRTH 6. AGE (In years IF LINGER 1 YEAR IF LINOFR 24 HRS 3. SEX last birthday) White 9/30/1885 Female Pours 9. COUNTY OF DEATH 7a. BIRTHPLACE (State or fareign 7b. CITIZEN OF WHAT COUNTRY? 8. MARRIED NEVER MARRIED papers USA. Allegany DIVORCED [ar remaval, and in any event, within 72 Maryland WIDOWED X 24 10. CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL OR INSTITUTION (If not in haspital 12a. USUAL DCCUPATION (Kind of work done 12b, KIND OF BUSINESS OR PHYSICIAN: The law requires that the death certificate be executed within during mast af warking life, even if retired.) give street address)
Miners attending physician and carbon carbon then please remave carbon with Frostburg Hospital 13a, USUAL RESIDENCE (Where deceased lived, if institution: Residence before 13e STREET AND NUMBER 13c. CITY OR TOWN 13d. INSIDE CITY LIMITS? onaconing Railroad St 14. FATHER'S NAME 1S. MOTHER'S MAIDEN NAME First Middle Last Last Ross Martin Beeman Rachael 16g. WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO. 17. INFORMANT Address Yes, no grunknawn) Mrs. Alex Rowe Frostburg. None 18. CAUSE OF DEATH (Enter only one cause per line far (a), (b), and (c).)
PART I. DEATH WAS CAUSED BY: Neice) BETWEEN ONSET AND GEATH burial-transit permit. GREGIA IMMEDIATE CAUSE (a) burial, crematian, DUE TO, OR AS A CONSEQUENCE OF Canditians, if any, which gave) rise ta immediate cause (a), signed by DUE TO. OR AS A CONSEQUENCE OF Page 4 may be retained by the haspital ar attending physician. stating the underlying cause PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a) O FUNERAL DIRECTOR: After this certificate has been for use as the 19a, DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 20a, AUTOPSY? 20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? YES 🗌 21g. ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY 21c. HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2, Item 18.) OR CONTRIBUTING CAUSE OF DEATH HOUR A.M. Month Day (If either, natify medical examiner) P.M. with the State Dept. af 21e. PLACE OF INJURY (AT HOME, FARM, STREET, FACTORY.) 21f. LOCATION Street or R.F.D. No. 21d. INJURY OCCURRED City or Town County State While Nat while at wark 22a. I certify that (I) (this haspital) attended the deceased fram 1967, 1967, ta 1967, ta 1967, that (I) (we) last saw the deceased alive an 1967, and that in (my) (aur) apinian death accurred an the date and haur and fram the causes stated abave, (I) (we) (did) (did nat) view the bady after death. 22c. DATE SIGNED 22b. SIGNATURE MED. DIRECTOR DEGREE director, page should be filed 22e. ADDRESS 22d. PHYSICIAN'S NAME (Type) Paige Strong Frostburg. Md. 23d. LOCATION (City or Town) 23a. BURIAL, CREMATION, 23b. DATE 23c. NAME OF CEMETERY OR CREMATORY (County) (State) 1/4/1968 Memorial Park Frostburg. 2Sa. REC'D BY REGISTRAP 24. FUNERAL DIRECTOR VR A15 (4) George Eichhorn Lonaconing. Md. DATE

MARYLAND STATE DEPARTMENT OF HEALTH

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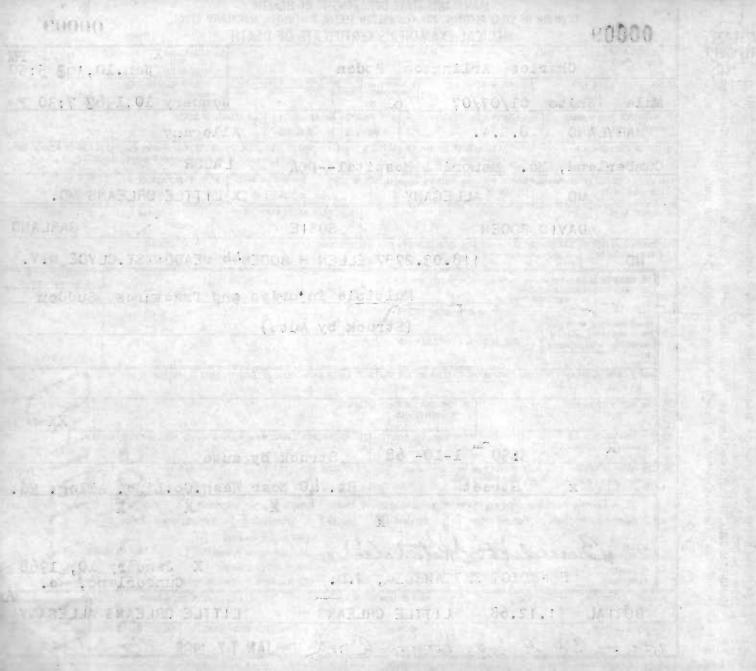
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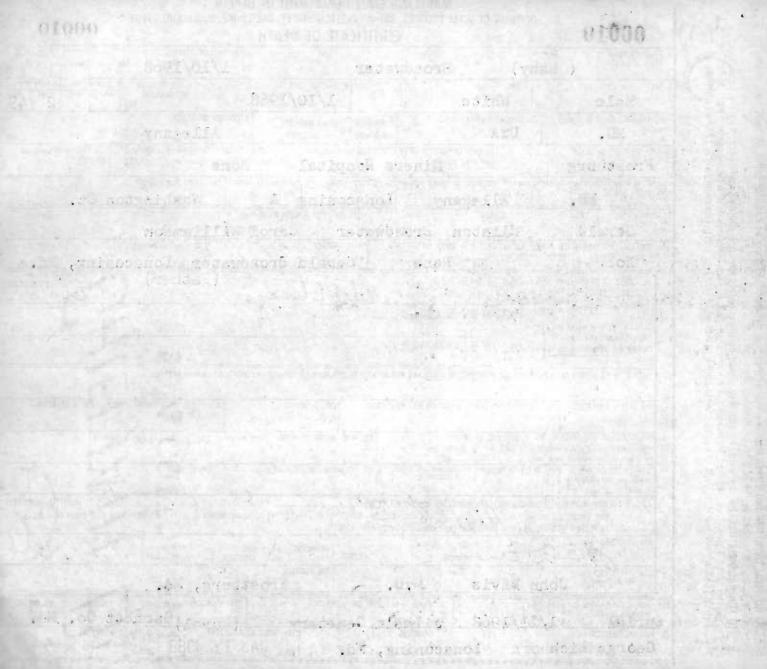
MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 00008 CERTIFICATE OF DEATH DECEASED-NAME First Middle Last 2a. DATE OF DEATH hours after death (Type or print) JANUARY HATTIE BERGDOLL Rebecca 3. SEX 4 RACE S. DATE OF BIRTH 6. AGE (In years IF UNDER 1 YEAR lost birthday) DAYS HOURS FEMALE WHITE 2-22-85 The law requires that the death certificate be executed within 24 hours 7a. BIRTHPLACE (State or foreign 7b. CITIZEN OF WHAT COUNTRY? 8. MARRIED NEVER MARRIED 9. COUNTY OF DEATH rbon papers. , within 72 ha physicion and completely filled in WIDOWED X DIVORCED U.S.A. ALLEGANY 10. CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL OR INSTITUTION (If not in hospital 12a. USUAL OCCUPATION (Kind of work done 12b. KIND OF BUSINESS OR give street oddress) MEMORIAL during mast of working life, even if retired.)
Housekeeper INDUSTRY CUMBERLAND ond in any event, 13a. USUAL RESIDENCE (Where deceased lived, if institution: Residence befare 13c. CITY OR TOWN 13e. STREET AND NUMBER 136. COUNTY ALLEGANY admission) STATE RT. I BOX OLDTOWN 14 FATHER'S NAME 1S. MOTHER'S MAIDEN NAME First Middle Middle Last Lost HEZIKIAH SHOEMAKER ALICE HINKLE MARY 16g. WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO. 17. INFORMANT Address (If yes give war ar dates of service) Yes, na, ar unknawn) cremation, or removal, MEMORIAL HOSPITAL. CUMBERLAND, MD. 18. CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c).)
PART I. DEATH WAS CAUSED BY: BETWEEN ONSET AND OFAT signed by the attendii buriol-tronsit permit. IMMEDIATE CAUSE (a) DUE TO, OR AS A CONSEQUENCE OF Canditians, if any, which gave rise to immediate cause (o), DUE TO, OR AS A CONSEQUENCE OF Page 4 may be retained by the hospital or ottending physicion. O FUNERAL DIRECTOR: After this certificate has been signed by stating the underlying cause PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(o) as the Health prior to 19a DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 20a. AUTOPSY? 20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? for use YES NO 🔲 21a. ACCIDENT WAS UNDERLYING OR ATTENDING PHYSICIAN: 21c. HOW INJURY OCCURRED (Enter nature of injury in Part 1 ar Port 2, Item 18.) 21b. TIME OF INJURY OR CONTRIBUTING CAUSE OF DEATH HOUR A.M. Month Day (If either, notify medical examiner) detoched 21e. PLACE OF INJURY (AT HOME, FARM, STREET, FACTORY.) 21f. LOCATION Street or R.F.D. No. 21d. INJURY OCCURRED City or Town State County While Not while at work of wark 22a. I certify that (I) (this haspital) attended the deceased from 1965, ta 176, 1965, that (I) (we) last saw the deceased alive an 1974 and that in (my) (aur) apinian death accurred on the date and haur and fram the causes stated abave, (1) (we) (did) (did nat) view the bady after death. 22b. SIGNATURE 22c. DATE SIGNED ATTENDING STAFF Melsum DEGREE director, page should be filed DIRECTOR 22e. ADDRESS 22d. PHYSICIAN'S DR. S. G. WEISMAN CUMBERLAND, MD. NAME (Type) 23b. DATE 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Tawn) 23a. BURIAL, CREMATION (County) (Stote) Dorcas Grant REMOVAL (Specify) 1-19-68 N. Mill Creek 24. FUNERAL DIRECTOR 2Sa. REC'D BY REGISTRAR VR A15 (4) DATE JAN Petersburg. W. Va. 30M REV, 1/68

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MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 00009 MEDICAL EXAMINER'S CERTIFICATE OF DEATH 1. DECEASED-NAME First Middle 2a. DATE KNOWN Month (Type or Print) OF ESTI-DEATH MATED Tan. 10, 168 Charles Arlington Boden Page 6. AGE (In years last birthday) IF UNDER 1 YEAR IF UNDER 24 HRS. 3 SEX 4. RACE S. DATE OF BIRTH 2c. DATE PRONOUNCED DEAD January 10.196% 7:30 Male White 01/07/07 pages 1 and 2 with the State Depart 7b. CITIZEN OF WHAT COUNTRY? 7a. BIRTHPLACE (State or foreign MARRIED NEVER MARRIED 9 COUNTY OF DEATH country) MARYLAND U.S.A. Allegany WIDOWED [DIVORCED [10. CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL OR INSTITUTION (If not in hospital 12a. USUAL OCCUPATION (Kind of work done 12b. KIND OF BUSINESS OR Memorial Hospital--DOA during mast of working the, even if retired.) INDUSTRY Cumberland, Md. 13a. USUAL RESIDENCE (Where deceased lived, if institution: Residence before 13c. CITY OR TOWN 13d. INSIDE CITY LIMITS? death. 13e. STREET AND NUMBER odmissian) STATE 13b. COUNTY ALLEGANY YES NO IX LITTLE ORLEANS MD. 14. FATHER'S NAME Middle Last 15. MOTHER'S MAIDEN NAME First Middle DAVID BODEN SUSIE GARLAND 16g. WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO. 17. INFORMANT ADDRESS ELLEN H BODEN44 MEADOW ST.CLYDE N.Y. 18.03.2737 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: Multiple injuries and fractures Sudden DUE TO, OR AS A CONSEQUENCE OF Conditions, if any, which gave (Struck by Auto) rise to immediate cause (a), the word DUE TO, OR AS A CONSEQUENCE OF stating the underlying cause PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART I(a) 19a. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION 20. AUTOPSY? WAS PERFORMED? YES XX NO 21c. HOW INJURY OCCURRED (Enter nature of injury in Part 1 ar Part 2, Item 18.) 210. EXTERNAL CAUSE WAS 21b. TIME OF INJURY Manth, Day, Year PRIMARY OR CONTRIBUTING Struck by auto CAUSE OF DEATH 21f, LOCATION Street or R.F.D. No. City or Town 21d. INJURY OCCURRED County 21e. PLACE OF INJURY (At hame, farm, street, foctory, office building, etc.) WHILE NOT WHILE AT WORK AT WORK Rt. 40 Near Wash. Co. Line. Alleg. 22a. I certify that I taak charge af the remains described above, held an Autapsy X, Inspection X, Inquiry X, and in my apinian Natural causes Accident X. Suicide Hamicide Undetermined manner death resulted fram: CHIEF MEDICAL EXAMINER 22b. DATE SIGNED ASSISTANT MEDICAL EXAMINER January 10, 1968 DEPUTY MEDICAL EXAMINER **EXAMINER'S** BENEDICT SKITARELIC, M.D. ADDRESS(Street, city, tawn, or countyCumberland. Md. NAME (Type) (State) MD 23b. DATE 23g. BURIAL CREMATION. 23c. NAME OF CEMETERY OR CREMITTERY 23d. LOCATION (City or Tawn) (County) 1.12.68 LITTLE ORLEANS LITTLE ORLEANS ALLEGANY 24. FUNERAL DIRECTOR 2So. REC'D BY REGISTRAR 2Sb. REGISTRAR'S SIGNATURE **ADDRESS** VR A15ME (5) Misselm DATE A N 10M REV. 1/68



MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 00010 CERTIFICATE OF DEATH DECEASED-NAME Middle Last 2a. DATE OF DEATH First 2b. HOUR requires that the death certificate be executed within 24 haurs ofter death. (Type or print) Baby) 1/10/1968 by the ottending physician ond completely filled in by the funesal-tronsit permit. Then pleose remove corbon papers. Poges 1 and crematian, or removal, and in ony event, within 72 hours after abot Broadwater 4 RACE S. DATE OF BIRTH 6. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS. 3. SEX last birthday) MONTHS Male 1/10/1968 White 7b. CITIZEN OF WHAT COUNTRY? 9. COUNTY OF DEATH 7a. BIRTHPLACE (State ar fareign 8. MARRIED NEVER MARRIED MD. USA Allegany WIDOWED DIVORCED 10. CITY OR TOWN OF DEATH 12a. USUAL OCCUPATION (Kind af wark dane 11. NAME OF HOSPITAL OR INSTITUTION (If not in haspital 12b. KIND OF BUSINESS OR give street address) during most of warking life, even if retired.) INDUSTRY Frostburg Hospital 13a. USUAL RESIDENCE (Where deceased lived, if institution: Residence befare 13c. CITY OR TOWN 13e, STREET AND NUMBER 13d. INSIDE CITY LIMITS? admission) STATE 13b. COUNTY YES V NO T Lonaconin Washington St egany 14. FATHER'S NAME 1S. MOTHER'S MAIDEN NAME First Middle Middle Last Gerald Clinton Broadwater Carol Williamson 16b. SOCIAL SECURITY NO. 16a. WAS DECEASED EVER IN U.S. ARMED FORCES? 17. INFORMANT Yes, na, of unknown) (If yes give wor or dates of service) None Gerald Broadwater Lonaconing. (Father) 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) DUE TO, OR AS A CONSEQUENCE OF Canditions, if any, which gave signed by the buriol-tronsit rise to immediate cause (a), DUE TO, OR AS A CONSEQUENCE OF stating the underlying cause PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a) Page 4 moy be retained by the hospitol or ottending O FUNERAL DIRECTOR: After this certificate has been director, page 3 should be detached for use as the 3 should be detached for use as the with the State Dept. of Health prior to 19a. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING 20a. AUTOPSY? CAUSES OF DEATH? YES [NO | 21a. ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY 21c. HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2, Item 1B.) OR CONTRIBUTING CAUSE OF DEATH HOUR A.M. Manth Day Year (If either, natify medical examiner) P.M. 21d. INJURY OCCURRED 21e. PLACE OF INJURY (AT HOME, FARM, STREET, FACTORY,) 21f. LOCATION Street ar R.F.D. Na. City or Town State Caunty While Nat while at wark 22a. I certify that (I) (this haspital) arended the deceased from 1, 19, 5, ta 1, 19, 5, that (I) (we) last saw the deceased alive an 19, 5, and that in (my) (aur) apinian death occurred an the date and haur and from the causes stated abave, (I) (we) (did) (did not) view the bady after death. 22c. DATE SIGNED ATTENDING STAFF PHYS. DEGREE DIRECTOR director, page Should be filed 22e. ADDRESS 22d. PHYSICIANS NAME (Type) John Davis M.D. Frostburg, Md. 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) 23a. BURIAL, CREMATION 23b. DATE (County) (State) Burial (Specify) (Rural) Garrett /11/1968 Wilhelm Cemetery 2Sb. REGISTRAR'S SIGNATURE 24. FUNERAL DIRECTOR VR A15 (4) DATE JAN 15 1968 George Eichhorn Lonaconing, Md. 30M REV. 1/6B



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EXAMINER: cute the certificage 4 should I your files. Page 3 should I, cremotion, o	MEDICAL	CROSE OF DEATH	ON Street ar R.F.D. Na. City ar Tawn	County State
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DEPUTY SICAL EXAM Sessary, please execute the funeral director. Page 4 may be retained far your FUNERAL DIRECTOR: Page ealth priar to burial, crem		22a. I certify that I toak charge of the remains described abave, held ar	Autapsy X, Inspection X Inquiry	and in my apinian
ICAL EXECUTER. Page ed far.) CTOR: Purial,		death resulted fram: Natural causes X , Accident , Suicide		
olease directo etainer DIREC		dealif resolled from: National causes 1, Accident 1, Suicide		
TY y, plead diseased		ACTUAL S	CHIEF MEDICAL EXAMINER	F SIGNED
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ro DEPUTY The funero S may be To FUNERA Health pr	230	. BURIAL CREMATION, 23b. DATE 23c. NAME OF CEMETERY OR CREMA		(Caunty) (State)
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X		PUNERAL DIRECTOR, ADDRESS	Cemetery Cumberland Al	S SIGNAPURE TO
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DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 00012 00012 CERTIFICATE OF DEATH 2b. HOURD DECEASED-NAME Middle Lost First 2o. DATE OF DEATH death (Type or print) MARY BURKE JAN the attending physician and campletely filled in by the funeral sit permit. Then please remave carban papers. Pages 1 and ANN please remave carban papers. Pages 1 I, and in any event, within 72 haurs ofter 3. SEX 4. RACE 5. DATE OF BIRTH IF UNDER | YEAR requires that the death certificate be executed within 24 haurs after 6. AGE (In years IF UNDER 24 HRS. lost birthday) MONTHS WHITE 5-1-76 FEMALE 7b. CITIZEN OF WHAT COUNTRY? 9. COUNTY OF DEATH 7a. BIRTHPLACE (State or foreign 8. MARRIED NEVER MARRIED ALLEGANY U.S.A. WIDOWED DIVORCED [11. NAME OF HOSPITAL OR INSTITUTION (If not in hospital 10. CITY OR TOWN OF DEATH 12a. USUAL OCCUPATION (Kind af wark done 12b. KIND OF BUSINESS OR give street eddress during most of working life even if retired.) INDUSTRY Home HOSPITAL. CUMBERLAND 13o. USUAL RESIDENCE (Where deceased lived, if institution: Residence before 13c. CITY OR TOWN 13d INSIDE CITY LIMITS? 13e. STREET AND NUMBER 13b. COUNTY CUMBERLANDS 206 SEYMOUR FGANY 14. FATHER'S NAME Middle last 15. MOTHER'S MAIDEN NAME First Middle PENDERGAST FAHERTY MARY (FAHERTY MICHAEL 16g. WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO. 17. INFORMANT Address Yes, na, ar unknown) (If yes give war or dates of service) CUMBERLAND, MD. MEMORIAL HOSPITAL or remaval, APPROXIMATE INTERVAL 18. CAUSE OF DEATH (Enter only one cause per line fay (e), (B), and (c).) BETWEEN DISET AND DEAT PART I. DEATH WAS CAUSED BY 000 IMMEDIATE CAUSE (a) DUE TO. OR AS A CONSEQUENCE OF Conditions, if any, which gove ? burial-transit rise to immediate couse (o), DUE TO, OR AS A CONSEQUENCE OF stating the underlying cause signed PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(g) O HOSPITAL OR ATTENDING PHYSICIAN: The law re Page 4 may be retained by the haspital ar attending O FUNERAL DIRECTOR: After this certificate has been d far use as the af Health priar ta 19g. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING 20a. AUTOPSY? CAUSES OF DEATH? YES [NO [21g. ACCIDENT WAS UNDERLYING 21c. HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2, Item 18.) 21b. TIME OF INJURY DR CONTRIBUTING CAUSE OF DEATH HOUR A.M. Month Doy Year (If either, natify medical examiner) P.M. 3 should be detached (AT HOME, FARM, STREET, FACTORY,) 21f. LOCATION Street or R.F.D. Na. director, page 3 should be detached should be filed with the State Dept. 21d. INJURY OCCURRED 21e. PLACE OF INJURY City or Town State County While Nat while at work 22a. I certify that (I) (this haspital) attended the deceased from 12.312, 1967, ta 1 — 1/ — 1968, and that in (my) feet apinion death accurred an the date and hour and from the saw the deceased alive an____ causes stated above, (1) (we) (did) (did not) view the bady after death. 22b. SIGNATURE 22c. DATE SIGNED MED. DIRECTOR ATTENDING STAFF PHYS. DEGREE 22d. PHYSICIAN'S 22e. ADDRESS NAME (Type) DR. WILLIAMS CUMBERLAND, MD. 23o. BURIAL CREMATION 23b. DATE 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) (County) (Stote) BREMOYAL (Specify) Jan. 15, 1968 St. Mary's Cemetery Cumberland . Md FUNERAL DIRECTOR Scarpelli, Cumberland . Md . VR A15 (4) 30M REV. 1/68 DATE

MARYLAND STATE DEPARTMENT OF HEALTH

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1	MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201
	00013 CERTIFICATE OF DEATH 00013
death	1. DECEASED-NAME First Middle Last 2a. DATE OF DEATH 2b. HOUI
IS CITED	3. SEX 4. RACE 5. DATE OF BIRTH 6. AGE (In yeors lef under 1 year if under 24 H) WHITE JANUARY 12, 1908 6. AGE (In yeors lef under 1 year if under 24 H) MONTHS DAYS HOURS M
n any event, within 72 hours affer	70. BIRTHPLACE (Stote or foreign country) MARYLAND 75. CITIZEN OF WHAT COUNTRY? 8. MARRIED NEVER MARRIED 9. COUNTY OF DEATH WIDOWED DIVORCED ALLEGANY
52	10. CITY OR TOWN OF DEATH CUMBERLAND, MD. 11. NAME OF HOSPITAL OR INSTITUTION (If not in hospital give street oddress) SACRED HEART HOSP during most of working life, even if retired.) 12a. USUAL OCCUPATION (Kind of work done during most of working life, even if retired.) 12b. KIND OF BUSINESS OR LONG TOWN OF LONG
01	13o. USUAL RESIDENCE (Where deceased lived, if institution: Residence before odmissian) STATE MARYLAND 13b. COUNTY ALLEGANY BARTON 13d. INSIDE CITY LIMITS? YES NO 13d. INSIDE CITY LIMITS? YES NO 13d. INSIDE CITY LIMITS? YES NO 13d. INSIDE CITY LIMITS?
1	14. FATHER'S NAME First Middle Lost 15. MOTHER'S MAIDEN NAME First Middle Lost WILLIAM BYERS MARJORIE BOGIE
	16a. WAS DECEASED EVER IN U.S. ARMED FORCES? Yes. Noor unknown) (If yes give war or dates of service) 16b. SOCIAL SECURITY NO. 216-07-2750 HOSPITAL RECORD
	18. CAUSE OF DEATH (Enter only one cause per lipe for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) DUE TO, OR AS A CONSEQUENCE OF canditions, if any, which gave nise to immediate cause (o), stating the underlying cause last. PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH OF NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(o)
X	19a. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 20a. AUTOPSY? 19a. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 20a. AUTOPSY? YES NO 1 20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? YES NO 1 21c. ACCIDENT WAS UNDERLYING 121b. TIME OF INJURY 121c. HOW INJURY OCCURRED (Enter patture of injury in Port 1 or Port 2 Item 18.)
	S Or CONTRIBUTING CAUSE OF DEATH HOUR A.M. Month Doy Yeor P.M. 19
	While Not while at work at work
1	22a. I certify that (I) (this hospital) attended the deceased from, 1964, to, 1964, to
1	22b. SIGNAURE 22c. DATE SIGNED 22c. DATE SIGNED 22c. DATE SIGNED 22c. DATE SIGNED 1-6-68
	230. BURIAL, CREMATION, PEMOUAL (Specific) 23b. DATE 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) (County) (Stote)
68	Burial 1/8/1968 Laurel Hill Cemetery Moscow Md. 24. FUNERAL DIRECTOR George Eichhorn Lonaconing, Md. Date ADDRESS DATE D

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7		00014	DIVISION O	F VITAL RECORDS,	STATE DEPARTM 301 W. PRESTON STI ERTIFICATE OF	REET, BALTIMOR	.TH RE, MARYLAND 21201	0003	14
		CEASED-NAME Firs		Middle	Lost		DATE OF DEATH	Day Year	2b. HOUR
1		MURI		M	CODDINGTO		O Month 2	Jay Sea	3:30 M
	3. SE	X MALE	4. RACE WHIT	E	S. DATE OF BI 05 -2		6. AGE (In years last birthday)	MONTHS DAYS	IF UNDER 24 HRS. HOURS MIN.
	7a. l	BIRTHPLACE (State or foreign (stry) FRIENDSVILL	7b. CITIZEN OF	WHAT COUNTRY?	8. MARRIED NEVER MAR WIDOWED DIVOR	KIEU	UNTY OF DEATH ALLEGANY		Md
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75	13o. adm	USUAL RESIDENCE (Where deceasion) STATE PENNA.	ased lived, if instit 13b. COUNTY	tutian: Residence before	ADDISON	13d. INSIDE CITY LIMITS? YES NO NO	13e. STREET AND NUMBER ROUTE #	1	
7	14. 1	ATHER'S NAME First	Middle	Last	1S. MOTHER'S MA	AIDEN NAME First	Middle		Lost
-		MELVII	LEE	CODDII	IGTON	MARTH	A	LANC	ASTER
	16a.	WAS DECEASED EVER IN U.S. AR es, no or unknown) (If yes give	RMED FORCES? wor or dates of service)	16b. SOCIAL SECURITY N	D. 17. INFORMANT HOSPITA	AL RECORD	Address 900 SETON	DRIVE. CU	IMB., M D
		18. CAUSE OF DEATH (Enter of	only ane cause per	line far (a), (b), and (c).)	0	1		APPROXIA	MATE INTERVAL NSET AND DEATH
		PART I. DEATH WAS CAUS	SED BY: DIATE CAUSE (a)	Congen	line heart	fortu	il	In	unth
		440.9		R AS A CONSEQUENCE OF		0		,	
		Canditians, if any, which gave rise to immediate cause (a),		artun	lumi			150	or
		stating the underlying cause	DUE 20 01	R AS A CONSEQUENCE OF					
		lost.	(c)_						
	z	PART 2. OTHER SIGNIFICANT CO	ONDITIONS CONTRI	BUTING TO DEATH BUT NO	T RELATED TO THE TERMINA	AL DISEASE OR CONDIT	ION GIVEN IN PART 1(a)		
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	MEDICAL CER	21a. ACCIDENT WAS UNDERLY! or contributing cause of de (If either, notify medical exor	ATH HOUR A.M		21c. HOW INJURY OCC	CURRED (Enter notu	re of injury in Port 1 or Part	2, Item 18.)	
	MEI		e. PLACE OF INJUR'	(AT HOME, FARM, STREET, FACT OFFICE BUILDING, ETC.	ORY.) 21f. LOCATION Stree	et or R.F.D. Na.	City or Town	Caunty	State
		220. I certify that (I) (t	alive on	ttended the deceosed 19 (did nat) view the b	and that in (m	19 6 8 1y) (our) opinion	deoth occurred on the	19 <u>@%</u> , thot date and hour	(I) (we) los ond from the
		22b. SIGNATURE	Sin		DEGREE PHYS.	NG MED.	C STAFF C	22. DATE SIGNED	38
1		22d. PHYSICIAN'S NAME (Type) KEW	IS BRING	S, M.D.	22e. ADD 57 G		EET, CUMB.,M		
	23a.		DATE an 31, 6		EMETERY OR CREMATORY	23d	Addison	(County)	(State)
88		FUNERAL DIRECTOR	i. Er	antsville	, md.	25a. REC'D BY REG		AR'S SIPNATURE	7
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death.		ASED-NAME First	NELLIE	Middle GLADYS	COF	Lost		2a. DATE OF	DEATH MONTH	75°	68°	26. HOUR
after oges rs offer	3. SEX	EMALE	4. RACE WHITE			S. DATE OF BIRT			6. AGE (In year		UNDER 1 YEAR NTHS OAYS	IF UNDER 24 HRS. HOURS MIN.
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implete ve carb	13o. US	UAL RESIDENCE (Where deceosed on) STATE MD.		: Residence before	13c. CITY OR	TOWN 13d	INSIDE CITY LIMITS	3? 13e. STF	EET AND NUME		DRI	VE
be exect and case remay in any case.	14. FAT	HER'S NAME First EVAN	Middle	Lost MATHE		MOTHER'S MAID	EN NAME First		Mic E	ddle	MA	Lost
th certificate by the blank ling physician Then please remaval, and	16a. W Yes,	AS DECEASED EVER IN U.S. ARME	or dates of service)	66. SOCIAL SECURITY	NO. 17. IN	FORMANT BMORIA				lress JMBEF	RL ANU	, MD.
The law requires that the dear attending physician. has been signed by the attencise as the burial-transit permit th priar ta burial, crematian, ar	MEDICAL CERTIFICATION S. A.	anditions, if ony, which gove to immediate cause (o), oting the underlying couse st. ART 2. OTHER SIGNIFICANT COND TO DATE OF OPERATION 19b. CO TO ACCIDENT WAS UNDERLYING OF CONTRIBUTING CAUSE OF OPERATION 19b. CO	BY: E CAUSE (a) DUE TO, OR AS, (b) DUE TO, OR AS, (c) ONDITIONS CONTRIBUTING ONDITION FOR WHICH 121b. TIME OF II HOUR A.M.	A CONSEQUENCE OF A CONSEQUENCE OF TO DEATH BUT N A CONSEQUENCE OF TO PERATION WAS PERATIONALLY WAS PERA	OT RELATED TO REFORMED 21c. HO	20a. AUTOPS YES W INJURY OCCUR	Y? NO DE	20b. IF CAUSES	YES, WERE FINE OF DEATH?	DINGS CONS	DETWEEN O	IMATE INTERVAL ONSET AND OGATH EERTIFYING Stote
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MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 00016 00016 CERTIFICATE OF DEATH DECEASED-NAME Middle Last 20. DATE OF DEATH 2b. HOUR First deoth (Type or print) **EMMA** COOK JAN E 9:12AM buriol-transit permit. Then please remove corbon papers. Pages the buriol, cremotion, or removal, ond in any event, within 72 hours after 4. RACE S. DATE OF BIRTH 6. AGE (In years IF LINOER 1 YEAR affer 3. SEX last bighday) DAYS HOURS 2-22-09 WHITE FEMALE requires that the deoth certificate be executed within 24 hours 7b. CITIZEN OF WHAT COUNTRY? 9. COUNTY OF DEATH 7o. BIRTHPLACE (State or foreign 8. MARRIED X NEVER MARRIED country) the ottending physician and completely filled in sit permit. Then please remove corban papers. U.S.A. PENNA. WIDOWED [DIVORCED [ALLEGANY 11. NAME OF HOSPITAL OR INSTITUTION (If nat in haspital 10 CITY OR TOWN OF DEATH 12g. USUAL OCCUPATION (Kind of work done 12b. KIND OF BUSINESS OR INDUSTRY HOSPITAL CUMBERLAND 13c. CITY OR TOWN 13o. USUAL RESIDENCE (Where deceased lived, if institution: Residence before 13e. STREET AND NUMBER admission) STATEPENNA. 13b. COUNTY NO X BOX 38 GLENCOE YES 🖂 14. FATHER'S NAME First Middle Last 1S. MOTHER'S MAIDEN NAME First Middle SARAH ZIMMERMAN FUNK EZRA 16g. WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO. 17. INFORMANT Address Yes, no, ar unknawn) CUMBERLAND, MD. MEMORIAL HOSPITAL none 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a)
Ventricular Fibrillation BETWEEN ONSET AND DEATH 16 hrs. DUE TO, OR AS A CONSEQUENCE OF signed by the buriol-transit p Conditions, if ony, which gave) (b) Various Arrhythmias 3 Wks prior rise ta immediate cause (a), DUE TO, OR AS A CONSEQUENCE OF to admission TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires the Page 4 may be retained by the hospital or ottending physician. TO FUNERAL DIRECTOR: After this certificate hos been signed by stating the underlying cause () Mitral Stenosis and Insufficiency: Tricuspid Stenosis? PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART I(a) and Insufficiency use os the Carcinoma of Rectum 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING 19a, DATE OF OPERATION 20a. AUTOPSY? CAUSES OF DEATH? YES V NO [Carcinoma of Rectum 3 should be detached for use with the State Dept. of Health 7/29/68 21g. ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY 21c. HOW INJURY OCCURRED. (Enter nature of injury in Part 1 or Part 2, Item 18.) OR CONTRIBUTING CAUSE OF OEATH HOUR A.M. Manth Dov (If either, natify medical examiner) P.M (AT HOME, FARM, STREET, FACTORY,) 21f. LOCATION Street or R.F.D. No. 21d. INJURY OCCURRED 21e. PLACE OF INJURY State City or Town County While Nat while at work 22a. I certify that (I) (this haspital) ottended the deceased from 12/22/ saw the deceased alive an 1/30/ 19 8, and that in . 19.67 . ta , and that in (my) (aur) apinian death accurred on the date and haur and fram the causes stated abave, (1) (we) (did) (did nat) view the bady after death. 22c. DATE SIGNED 22b. SIGNATURE ATTENDING MED. DIRECTOR DEGREE director, page should be filed PHYS d. PHISICIAN'S NAME (Type) 22e. ADDRESS CUMBERLAND. MD. SAMUEL M. **JACOBSON** DR. 23b. DATE 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) (State) 23o. BURIAL CREMATION (County) REMOVAL (Specify) 25b. REGISTRAR'S SIGNATURE 24. FUNERAL DIRECTOR VR A15 (4) 1968 30M REV. 1/68

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DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 00021 00021 CERTIFICATE OF DEATH 2b. HOUR∆ DECEASED-NAME First Middle Lost 20. DATE OF DEATH deoth (Type or print) JANUARY era WILLIAM A. DAWSON 6. AGE (In years burial-transit permit. Then please remove corbon popers. Poges burial, cremotion, or removol, and in ony event, within 72 hours often 4. RACE S. DATE OF BIRTH IF UNDER 1 YEAR 3. SEX within 24 hours after MONTHS DAYS WHITE OCT. 1.1896 last birthday) HOURS MALE YRS 9. COUNTY OF DEATH 7o. BIRTHPLACE (Stote or foreign 7b. CITIZEN OF WHAT COUNTRY? 8. MARRIED NEVER MARRIED ALLEGANY country) completely filled in U.S.A. WIDOWED DIVORCED MARYLAND 10. CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL OR INSTITUTION (If not in hospital 12a. USUAL OCCUPATION (Kind of work done 12b. KIND OF BUSINESS OR give street oddress) Railroad CUMBERLAND 13a. USUAL RESIDENCE (Where deceosed lived, if institution: Residence before 13c. CITY OR TOWN 13d. INSIDE CITY LIMITS? 13e. STREET AND NUMBER requires that the death certificate be executed YES 🔽 NO EGANY GI ENN STRFF 14. FATHER'S NAME Middle Lost 1S. MOTHER'S MAIDEN NAME First Middle First ALEX DAWSON HARETI JONES 10 physicion 16b. SOCIAL SECURITY NO. 17. INFORMANT 16a. WAS DECEASED EVER IN U.S. ARMED FORCES? Address Yes no, or unknown) (If yes give war or dates of service) CUMBERI AND APPROXIMATE INTERVA 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) DUE TO, OR AS A CONSEQUENCE signed by the burial-transit p Conditions, if any, which gave rise to immediate couse (o). DUE TO, OR AS A CONSEQUENCE OF stoting the underlying cause PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a) Page 4 may be retained by the hospital or attending DEUNERAL DIRECTOR: After this certificate has been with the State Dept. of Health prior to use os the 20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING 190. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 20a. AUTOPSY? CAUSES OF DEATH? YES [NO \square 210. ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY 21c HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2, Item 18.) detoched for OR CONTRIBUTING CAUSE OF DEATH HOUR A.M. Month Day Year (If either, notify medical examiner) P.M 21d. INJURY OCCURRED 21e. PLACE OF INJURY (AT HOME, FARM, STREET, FACTORY.) 21f. LOCATION Street or R.F.D. No. OFFICE BUILDING, ETC. County State City or Town While Not while at work at work 220. I certify that (I) (this haspital) ottended the deceased from sow the deceased olive an 196.8 , to_ and that in (my) (aur) opinion death occurred an the date and haur and fram the sow the deceosed olive ancauses stated above, (1) (we/(did) (did nat) view the body after deoth. 22c. DATE_SIGNED 22b. SIGNATURE ATTENDING director, page 3 should be filed v DEGREE DIRECTOR 22d. PHYSICIAN'S RGINIA AVE. CUMBERLAND. MD. **DURRETI** CLAY NAME (Type) 23d. LOCATION (City or Town) 23b. DATE 23c. NAME OF CEMETERY OR CREMATORY (County) (State) 23o. BURIAL CREMATION. REMOYAL (Specify) Jan. 22,1968 Cumberland Allegany Sunset Memorial Park 25b. REGISTRAR'S SIGNATURE 2Sa. REC'D BY REGISTRAR 24. FUNERAL DIRECTOR_ Scarpelli, Cumberland, Md. 30M REV. 1/68

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MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 00022 00022 CERTIFICATE OF DEATH CLINEON DECEASED-NAME First Last 2a. DATE OF OEATH 2b. HOUR ▲ (Type or print) THOMAS DEALE JANUATRY de hours ofter 3. SEX offer 4 RACE S. DATE OF BIRTH 6. AGE (In years IF LINDER 1 YEAR the attending physicion ond completely filled in by the sit permit. Then please remove corban papers. Pages last birthday) MALE MARCH 12,1889 WHITE low requires that the death certificate be executed within 24 hours 7b. CITIZEN OF WHAT COUNTRY? 9. COUNTY OF DEATH 7a. BIRTHPLACE (State ar foreign 8. MARRIED NEVER MARRIED please remove corban papers. I, ond in any event, within 72 ha ALLEGANY VIRGINIA U.S.A. WIOOWED TX DIVORCED 10. CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL OR INSTITUTION (If nat in haspital 12a. USUAL OCCUPATION (Kind of work done 12b. KIND OF BUSINESS OR during most of working life, even if retired.) **INDUSTRY** CUMBERLAND B & O RR 130. USUAL RESIDENCE (Where deceased lived, if institution; Residence before 13c. CITY OR TOWN 13d. INSIDE CITY LIMITS? 13e. STREET AND NUMBER odmission) STATEMARYI AND 13b. COUNTY ALLEGANY ANTE CUMBERL 413 OLDTOWN ROAD, CI 14. FATHER'S NAME First Middle 15. MOTHER'S MAIDEN NAME First Middle Last Last SILAS DEALE ELIZABETH BERRY 160. WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO 17. INFORMANT Address Yes, no, or unknown) (If yes give war ar dates al service) cremation, or removal, MEMORIAL HOSPITAL CUMBERIAND MARYLAN APPROXIMATE INTERVA CAUSE OF DEATH (Enter anly one cause per line far (a), (b), and (c).)
 PART I. DEATH WAS CAUSED BY: BETWEEN DISET AND DEATH IMMEDIATE CAUSE (a) DUE TO. OR AS A CONSEQUENCE OF Canditions, if any, which gave ; burial-transit rise to immediate couse (o), signed by DUE TO, OR AS A CONSEQUENCE OF Poge 4 may be retained by the hospital or ottending physician. stating the underlying causes burial, PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUTNOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(o) os the O FUNERAL DIRECTOR: After this certificate has been 20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING 190. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 20a. AUTOPSY? CAUSES OF DEATH? for use YES [NO T 21a. ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY 21c. HOW INJURY OCCURRED (Enter noture of injury in Port 1 or Port 2, Item 18.) TOR CONTRIBUTING CAUSE OF DEATH HOUR A.M. Month Day Year P.M of (If either, natify medical examiner) (AT HOME, FARM, STREET, FACTORY.) 21f. LOCATION Street or R.F.D. No. State Dept. 21d. INJURY OCCURRED 21e. PLACE OF INJURY City or Town County State While Not while 1965 10 112012 1968 that (1) 22a. I certify that (1) (this hospital) attended the deceased from June saw the deceased alive an 1965, and that in (my) (our) opinion death occurred on the date and hour and from the should be filed with the couses stated obove, (1) (we) (did) (did not) view the body ofter death. 22c. DATE_SIGNED 22b. SIGNATURE **ATTENDING** STAFF OIRECTOR PHYS. 22e, ADDRESS 236 22d. PHYSICIAN'S DURRETT NAME (Type) DR. VIRGINIA AVENUE. CUMB. MD. director, should be 23d. LOCATION (City or Town) 23a. BURIAL, CREMATION, 23b. DATE 23c. NAME OF CEMETERY OR CREMATORY (County) (State) REMOVAL (Specify) WEST VIRGINIA NEAR PAW PAW. CAMP HILL CEMETERY 25b. REGISTRAR'S SIGNATURE 24. FUNERAL DIRECTOR 2Sa. REC'D BY REGISTRAR VR A15 [4] Milaries HAFER, JR. 30M REV. 1/68

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MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 00023 CERTIFICATE OF DEATH DECEASED-NAME First Middle Lost 2g. DATE OF DEATH 2b. HODE funeral I and 2 er death. Month 21 (Type ar print) MICHAEL J. FAHEY 01 12:30h after attending physician and campletely filled in by the fur permit. Then please remove carban papers Pages 1 an, ar removal, and in any event, within 72 hours after 3. SEX 4. RACE S. DATE OF BIRTH 6. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS. last-birthday) MALE WHITE 10-10-97 requires that the death certificate be executed within 24 hours 7o. BIRTHPLACE (Stote or foreign 7b. CITIZEN OF WHAT COUNTRY? 8. MARRIED NEVER MARRIED X 9. COUNTY OF DEATH MARYLAND USA WIDOWED [DIVORCED [ALLEGANY Md 10. CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL OR INSTITUTION (If not in hospital 12o. USUAL OCCUPATION (Kind of work done give street oddress) 12b. KIND OF BUSINESS OR during most of working life, even if retired.)
MACHINIST HELPER **INDUSTRY** CUMBERLAND 13a. USUAL RESIDENCE (Where deceased lived, if institution: Residence before 13c. CITY OR TOWN 13d. INSIDE CITY LIMITS? 13e. STREET AND NUMBER STATEMARYLAND 13b. COUNTY ALLEGANY CUMBERLAND YES X NO [123 HANOVER ST. burial, crematian, ar removal, and in any 14. FATHER'S NAME **First** Middle Last 15. MOTHER'S MAIDEN NAME First Middle Lost CARNEY MARGARET JOHN FAHEY 160. WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO. 17. INFORMANT Address Yes, na, ar unknown) (If yes give wer or dates of service) 217-14-5626 HOSPITAL RECORD APPROXIMATE INTERVAL 18. CAUSE OF DEATH (Enter only one cause per line 6) (a), (b), and (c).)
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a) BETWEEN ONSET AND DEATH permit. DUE TO, OR AS A CONSEQUENCE OF Canditions, if any, which gave) burial-transit rise to immediate cause (o), DUE TO, OR AS A CONSEQUENCE OF Page 4 may be retained by the haspital ar attending physician. stoting the underlying couse last. PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a) FUNERAL DIRECTOR: After this certificate has been director, page 3 shauld be detached far use as the shauld be filed with the State Dept. af Health priar tal 20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING 190. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 20a. AUTOPSY? CAUSES OF DEATH? YES 🗍 NO 🗌 21a. ACCIDENT WAS UNDERLYING 21c. HOW INJURY OCCURRED (Enter nature of injury in Part 1 ar Part 2, Item 18.) 21b. TIME OF INJURY OR CONTRIBUTING CAUSE OF DEATH HOUR A.M. Manth Day Year P.M (If either, notify medical examiner) 21e. PLACE OF INJURY (AT HOME, FARM, STREET, FACTORY.) 21f. LOCATION Street or R.F.D. No. 21d. INJURY OCCURRED City or Town Stote County While Not while at wark 22b. SIGNATURE 22c. DATE SIGNED **ATTENDING** esileanes STAFF DIRECTOR PHYS. 22e. ADDRESS 22d. PHYSICIAN'S NAME (Type) G. WEISMAN GREEN ST., CUMBERLAND, M.D. 23d. LOCATION (City or Town) 23c. NAME OF CEMETERY OR CREMATORY 23o. BURIAL, CREMATION, 23b. DATE (County) (State) REMOVAL (Specify) ST. PATRICKS CEMETERY CUMBERLAND ALLEGANY MD. 0 24. FUNERAL DIRECTOR **ADDRESS** 2So. REC'D BY REGISTRAR 2Sb. REGISTRAR'S SIGNATURE VR A15 (4) CUMBERLAND, MD. ocharles DATE JAN 24 196B 30M REV. 1/68

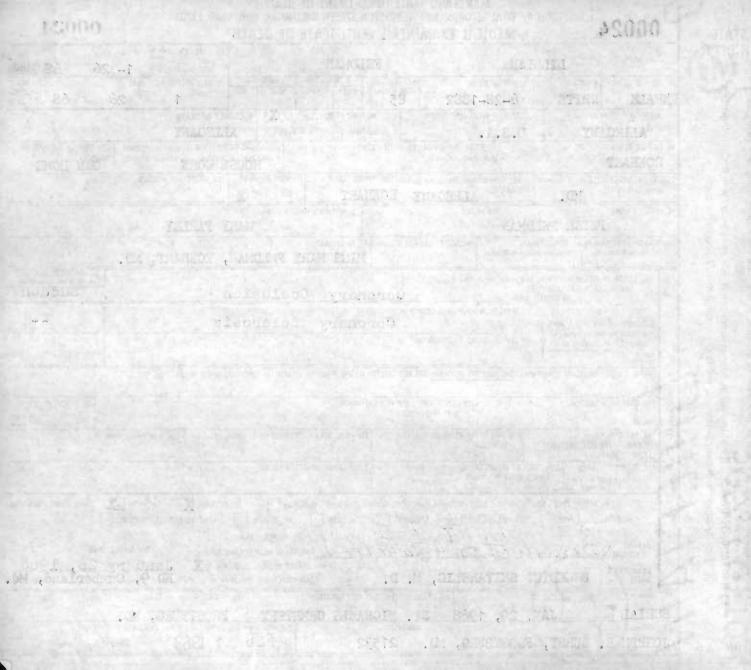
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SH GREEN ST., CUNNEPLATIN, NO.

DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 00024 FOR STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH HEALTH DEPT: 1. DECEASED-NAME First Lost 20. DATE KNOWNED (Type or Print) LILLIAN ESTI-3 to FELDMAN DEATH MATED 3. SEX 4. RACE S. DATE OF BIRTH 6. AGE (In years IF UNDER 1 YEAR 2c. DATE PRONOUNCED DEAD 85 Day 26 TEMALE WHITE 6-28-1882 1968 7a. BIRTHPLACE (State or foreign 7b. CITIZEN OF WHAT COUNTRY? MARRIED NEVER MARRIED 9. COUNTY OF DEATH country) AT TEGANY U.S.A. WIDOWED | DIVORCED [ALLEGANY lond 2 with the Stote 10. CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL OR INSTITUTION (If not in hospital 12a. USUAL OCCUPATION (Kind of work done 12b. KIND OF BUSINESS OR Office olong with give street oddress) during most of working life even if retired.) OWN HOME ECKHART 13a. USUAL RESIDENCE (Where deceased lived, if institution: Residence before 13c. CITY OR TOWN 13d. INSIDE CITY LIMITS? 13e. STREET AND NUMBER admission) STATE 13b. COUNTY ALLEGANY ECKHART YES NO Y after 14. FATHER'S NAME 15. MOTHER'S MAIDEN NAME First PETER FELDMAN MARY FARLEY . . Chief Medical Examiner's 16g. WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO. 17. INFORMANT (Yes, no. or unknown) MISS MARY FELDMAN, ECKHART, MD. APPROXIMATE INTERVAL executed 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) BETWEEN ONSET AND DEATH permit. PART I. DEATH WAS CAUSED BY Occlusion Coronary Sudden IMMEDIATE CAUSE (a)_ DUE TO, OR AS A CONSEQUENCE OF Coronary Sclerosis Conditions, if any, which gave rise to immediate cause (a), certificote should DUF TO, OR AS A CONSEQUENCE OF stating the underlying cause forwarded to PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(o) removol. 190 DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION 20. AUTOPSY? WAS PERFORMED? certificate, YES 🗌 NO X 21g. EXTERNAL CAUSE WAS 21b. TIME OF INJURY Month, Doy, Yeor 21c. HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2, Item 18.) PRIMARY OR CONTRIBUTING HOUR A.M. CAUSE OF DEATH 21d. INJURY OCCURRED 21e. PLACE OF INJURY (At hame, farm, street, 21f. LOCATION Street at R.F.D. Na. City or Tawn County State factory, office building, etc.) WHILE NOT WHILE AT WORK 22a. 1 certify that I taak charge of the remains described above, held an Autopsy , Inspection X, Inquiry X and in my apinian death resulted from: Natural causes 🖟 Accident 🗌 Suicide 🗍 Undetermined manner Hamicide CHIEF MEDICAL EXAMINER 22b. DATE SIGNED ASSISTANT MEDICAL EXAMINER DEPUTY MEDICAL EXAMINER January 26, 1968 TO FUNE Health BENEDICT SKITARELIE, M. D. ADDRESS(Street, city, town, or county) RD 9, Cumberland, Md. NAME (Type) 23b. DATE 23a. BURIAL, CREMATION, 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) (County) (State) JAN. 29, 1968 ST. MICHAELS CEMETERY FROSTBURG. MD. 24. FUNERAL DIRECTOR 2Sa. REC'D BY REGISTRAR 2Sb. REGISTRAR'S SIGNATURE **ADDRESS** JOSEPH R. DURST, FROSTBURG, MD. 21532



MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 00025 00025 CERTIFICATE OF DEATH DECEASED-NAME Last First 2g. DATE OF DEATH (Type or print) Month Charles Filer 4. RACE S. DATE OF BIRTH 6. AGE (in years 3. SEX IF UNDER 1 YEAR requires that the death certificate be executed within 24 hours after Male White last birthday) OAYS 6/13/1880 signed by the attending physician and completely filled in by the burial-transit permit. Then please remave carban papers. Pagburial, crematian, ar remaval, and in any event, within 72 haurs of 7a. BIRTHPLACE (State or foreign 7b. CITIZEN OF WHAT COUNTRY? 9. COUNTY OF DEATH 8. MARRIED NEVER MARRIED Maryland Allegany WIDOWED T DIVORCED [U. S. A. 10. CITY OR TOWN OF DEATH

Cumberland

11. NAME OF HOSPITAL OR INSTITUTION (If not in hospital give street address)

Allegany County

Infirmary

13. USUAL RESIDENCE (Where deceased lived, if institution: Residence before 13c. CITY OR TOWN 12a. USUAL OCCUPATION (Kind of work done 12b. KIND OF BUSINESS OR during most of working life, even if retired.)
Retired: Coal Miner
INSIGE CITY LIMITS?

13e. STREET AND NUMBER INDUSTRY Coal Mining 13d. INSIDE CITY LIMITS? 13b. COUNTY 85 Frost Avenue YES Y NO Allegany Frostburg 14. FATHER'S NAME Last 1S. MOTHER'S MAIDEN NAME First Middle First William A. Filer Frances Prichard 17. INFORMANT P.O. BOX 599. 145 SOCIAL SECURITY NO. 16g. WAS DECEASED EVER IN U.S. ARMED FORCES? Addres Cumberland . Md. Yes, na. ar unknown) Allegany County Infirmary records. 18. CAUSE OF DEATH (Enter only one couse per line for (a), (b), ond (c).)
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a) BETWEEN ONSET AND DEATH DUE TO, OR AS A CONSEQUENCE OF Canditians, if any, which gave) rise to immediate cause (a), DUE TO, OR AS/A CONSEQUENCE OF Page 4 may be retained by the hospital or attending physician. stating the underlying cause PART 2. OTHER SIGNIFICANT CONDITIONS CONTRUBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(6) **TO FUNERAL DIRECTOR:** After this certificate has been director, page 3 shauld be detached far use as the directar, page 3 shauld be detached far use as the should be filed with the State Dept. af Health prior ta 19a, DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 20a. AUTOPSY? 20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? YES [21a. ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY 21c. HOW INJURY OCCURRED (Enter)nature of injury in Part 1 or Part 2, Item 18.) OR CONTRIBUTING CAUSE OF CEATH
(If either, notify medical examiner) HOUR A.M. Manth Day Year P.M (AT HOME, FARM, STREET, FACTORY.) 21f. LOCATION Street or R.F.D. No. 21d. INJURY OCCURRED 21e. PLACE OF INJURY City or Town Caunty While Nat while at wark 22a. I certify that (I) (this haspital) attended the deceased from Nov. 4, 19.67, to Jan. 16, 19.68, that (I) (we) last saw the deceased alive on Jan. 15, 19.68, and that in (my) (aur) apinian death accurred an the date and haur and from the saw the deceased alive on Jan. 15. couses stated obove, (I) (we) (did) (did not) view the body ofter deoth. 22b. SIGNATURE 22c. DATE SIGNED MED.
DIRECTOR PHYS 22d. PHYSICIÁN'S NAME (Type) 22e. ADDRESS Memorial Hospital, Cumberland, Md. 23d. LOCATION (City or Town) 23b. DATE 23c. NAME OF CEMETERY OR CREMATORY (County) (State) 23o. BURIAL, CREMATION Frostburg, Md. Jan. 19 168 Fbg. Memorial Park 25b. REGISTRAR'S SIGNATURE 24. FUNERAL DIRECTOR 2So. REC'D BY REGISTRAR

21532

Joseph R. Durst, Frostburg, Md.

VR A15 (4) 30M REV, 1/68

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MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 00026 00026 CERTIFICATE OF DEATH DECEASED-NAME First Middle Last 2g. DATE OF DEATH (Type or print) FLEEK THE ODORE R. he fue 3. SEX 4. RACE S. DATE OF BIRTH IF UNDER 1 YEAR after 6. AGE (In years IF UNGER 24 HRS last kirthday) WHITE 1-9-5 MALE The law requires that the death certificate be executed within 24 haurs 7a. BIRTHPLACE (State or foreign 7b. CITIZEN OF WHAT COUNTRY? 9. COUNTY OF DEATH B. MARRIED NEVER MARRIED GRAFTON, W. VA. please remave carban papers. physician and campletely filled in U.S.A. ALLEGANY WIDOWED | DIVORCED [10. CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL OR INSTITUTION (If not in haspital 12a, USUAL OCCUPATION (Kind of work done 12b. KIND OF BUSINESS OR during most of working life, even if retired.) CUMBERLAND 13a. USUAL RESIDENCE (Where deceased lived, if institution: Residence before 13c. CITY OR TOWN 13d. INSIDE CITY LIMITS? 13e. STREET AND NUMBER 13b. COUNTY CUMBERLAND YES X NO 1201 LEXINGTON AVENUE crematian, ar remaval, and in any 14. FATHER'S NAME 1S. MOTHER'S MAIDEN NAME First Middle Last Middle Last FLEEK MARGARET MILLER THEODORE 16b. SOCIAL SECURITY NO. 16a. WAS DECEASED EVER IN U.S. ARMED FORCES? 17. INFORMANT Address (If yes give war or dates of service) Yes, na, ar unknawn) CUMBERLAND, MD. MEMORIAL HOSPITAL 235-14-2085 APPROXIMATE INTERVA 1B. CAUSE OF DEATH (Enter only one cause per line-for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY permit. IMMEDIATE CAUSE (a) signed by the burial-transit p Canditians, if any, which gave) rise ta immediate cause (a), DUE TO, OR AS A CONSEQUENCE OF Page 4 may be retained by the hospital ar attending physician.

• FUNERAL DIRECTOR: After this certificate has been signed by stating the underlying cause PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a) as the 19a. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 20g. AUTOPSY? 20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? NO N far use YES [of Health 21a. ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY 21c. HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2, Item 1B.) OR CONTRIBUTING CAUSE OF CEATH HOUR A.M. Manth Day Year (If either, natify medical examiner) P.M. 3 should be detache with the State Dept. 21e. PLACE OF INJURY (AT HOME, FARM, STREET, FACTORY.) 21d. INJURY OCCURRED 21f. LOCATION Street or R.F.D. Na. City or Town County State While Not while 22a. I certify that (I) (this haspital) attended the deceosed from 1/10, 1968, to 1/20, 1968, that (I) (we) last saw the deceased alive on 1968, and that in (my) (our) opinian death occurred on the date and haur and fram the couses stated above, (1) (we) (did) (did not) view the body after death. 22b. SIGNATURE O DEGREE director, page shauld be filed DIRECTOR PHYSICIAN'S 22e. ADDRESS NAME (Type) CUMBERLAND. MD. THOMAS F. LEWIS 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) 23a. BURIAL, CREMATION (County) REMOVAL (Specify) 22,1968 Davis Memorial Cemetery Cumberland Allegany, Md 2Sb. REGISTRAR'S SIGNATURE Scarpelli, Cumberland, Md. VR A15 (4) Charles 30M REV, 1/68

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MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 00027 00027 CERTIFICATE OF DEATH DECEASED-NAME Middle 2g. DATE OF DEATH First Last 2b. HOUR signed by the attending physician and campletely filled in by (hedvaneral burial-transit permit. Then please remove carban papers. Pages 1 apd 2 burial, crematian, ar removal, and in any event, within 72 haurs after death after death (Type ar print) 1968 Paul M. Fletcher January 3. SEX 4. RACE S. DATE OF BIRTH 6. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS. last birthday) HOURS White 1905 Male June 13. YRS. OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours 7o. BIRTHPLACE (Stote or foreign 7b. CITIZEN OF WHAT COUNTRY? 9. COUNTY OF DEATH 8. MARRIED NEVER MARRIED country) Maryland U.S.A. WIDOWED [DIVORCED [Allegany 10. CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL OR INSTITUTION (If not in hospital 120. USUAL OCCUPATION (Kind of work done 12b. KIND OF BUSINESS OR give street address)

County Infirmy during mast af working life, even if retired.)
Attorney INDUSTRY Cumberland Law 13o. USUAL RESIDENCE (Where deceased lived, if institution: Residence before 13c. CITY OR TOWN 13d. INSIDE CITY LIMITS? 13e. STREET AND NUMBER 13b. COUNTY YES T Cumberland 801 Piczedale Ave Maryland 14. FATHER'S NAME 1S. MOTHER'S MAIDEN NAME First Middle Lost Last Fletcher Daniel Julia Barnard 16a. WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO. 17. INFORMANT Address Yes, no, or unknown) Gertrude Fletcher 801 Ridgedale Inknown Ave. 18. CAUSE OF DEATH (Enter only one cause per line for (o), (b), and (c).) BETWEEN ONSET AND GEATH PART I. DEATH WAS CAUSED BY 48 hours Cerebrovascular accident. probably thrombosis 1MMEDIATE CAUSE (a) ____ DUE TO, OR AS A CONSEQUENCE OF Conditions, if ony, which gave) Chronic brain syndrome Dec. 1961 rise ta immediate cause (a). DUE TO, OR AS A CONSEQUENCE OF Page 4 may be retained by the haspital ar attending physician. stoting the underlying cause 77? Generalized arteriosclerosis PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a) Aneurysm, abdominal aorta, large, December, 1963 TO FUNERAL DIRECTOR: After this certificate has been directar, page 3 should be detached far use as the should be filed with the State Dept. of Health priar to 19a. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED. 20o. AUTOPSY? 20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? YES [NO DO 21o. ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY 21c. HOW INJURY OCCURRED (Enter noture of injury in Port 1 or Port 2, Item 18.) OR CONTRIBUTING CAUSE OF OEATH HOUR A.M. Manth Day Year (If either, notify medical examiner) 21d. INJURY OCCURRED 21e. PLACE OF INJURY (AT HOME, FARM, STREET, FACTORY.) 21f. LOCATION Street or R.F.D. No. City or Tawn County State While Nat while at work 220. I certify that (I) (1867-1687-1687) attended the deceased from 30 December 19 59, to 22 January 19 68, that (I) (388) last saw the deceased olive on 21 January 19 68, and that in (my) (489) opinion death occurred on the date and hour and from the causes stated above, (I) (389) (did not) view the body ofter death. 22c. DATE SIGNED 22b. SIGNATUR **ATTENDING** 22 January 1968 DEGREE DIRECTOR PHYS. PHYS. 22d. PHYSICIAN'S 22e. ADDRESS NAME (Type) Alfred Van Ormer, M. D. 122 S. Centre St., Cumberland. 23d. LOCATION (City or Town) 23b. DATE 23c. NAME OF CEMETERY OR CREMATORY 23a. BURIAL, CREMATION. (County) (Stote) REMOVAL (Specify) January 24/68 Hillcrest Burial Park Cumberland Allegeny Maryland 25b. REGISTRAR'S SIGNATURE 24. FUNEBAL DIRECTOR 2Sa. REC'D BY REGISTRAR 1968 VR A15 (4) DATE JAN 25 30M REV. 1/68

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DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 00028 MEDICAL EXAMINER'S CERTIFICATE OF DEATH FOR STATE **HEALTH DEPT** DECEASED-NAME First Middle 20. DATE KNOWN Month Doy 2b. HOUR (Type or Print) ESTI-3 to Poge MAY ELIZABETH FLOWERS DEATH MATED 1-7-68 IF UNDER 24 HRS. 3. SEX 4. RACE 6. AGE (In years 2c. DATE PRONOUNCED DEAD S. DATE OF BIRTH 2d. HOUR 2, and PM3. F FEMALE OCT 18. 1880 87 88/ YRS 9:00 WHITE January Depart 7b. CITIZEN OF WHAT COUNTRY? 7o. BIRTHPLACE (Stote or foreign MARRIED NEVER MARRIED 9. COUNTY OF DEATH with farm COUNTRY PENNSYLVANIA U.S.A. WIDOWED | DIVORCED 8. Give Poges ALLEGANY 10. CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL OR INSTITUTION (If not in hospital 12o. USUAL OCCUPATION (Kind of work done 12b. KIND OF BUSINESS OR INDUSTRY give street oddress THE MECHANIC STREET during post of working life, even if retired.) CUMBERLAND Exominer's Office olong 130. USUAL RESIDENCE (Where deceosed lived, if institution: Residence before 13c. CITY OR TOWN 13d. INSIDE CITY LIMITS? 13e. STREET AND NUMBER pages lond with 13b. COUNTY EGANY CUMBERLAND YES NO 334 NORTH MECHANIC STREET Item 1 14. FATHER'S NAME 1S. MOTHER'S MAIDEN NAME Middle afti hours JEREMIAH HOSTETLER AMANDA SANNER .⊆ 160. WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO. 17. INFORMANT pencil **ADDRESS** (Yes, no, or unknown) WILLTAM M. FLOWERS-334 N. MECHANIS ST.-CUMB.MD. NO within executed 1B. CAUSE OF DEATH (Enter only one couse per line for (o), (b), ond (c).) BETWEEN ONSET AND DEATH should be forwarded to the Chief Medical PART I. DEATH WAS CAUSED BY: Coronary Occlusion 24 Hours IMMEDIATE CAUSE (a). DUE TO, OR AS A CONSEQUENCE OF buriol-transit Coronary Sclerosis Conditions, if ony, which gove rise to immediate couse (o), should writing the word DUE TO, OR AS A CONSEQUENCE OF stoting the underlying couse .⊆ certificate PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(o) 0.5 "Influenza" ar removal, 190. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION 2D. AUTOPSY? WAS PERFORMED? icate, NO TA YES | pe 21o. EXTERNAL CAUSE WAS 21b. TIME OF INJURY Month, Doy, Yeor 21c. HOW INJURY OCCURRED (Enter noture of injury in Port 1 or Port 2, Item 1B.) 3 should PRIMARY OR CONTRIBUTING HOUR A.M. cremotion, CAUSE OF DEATH 21d. INJURY OCCURRED 21e. PLACE OF INJURY (At home, form, street, 21f. LOCATION Street or R.F.D. No. City or Town County Stote foctory, office building, etc.) NOT WHILE AT WORK 22a. I certify that I taok charge of the remains described above, held an Autopsy Inspection X Inquiry X and in my apinian death resulted fram: Natural causes . Accident . Suicide | Undetermined manner Hamicide CHIEF MEDICAL EXAMINER ACTUAL 22b. DATE SIGNED ASSISTANT MEDICAL EXAMINER SIGNATURE DEPUTY MEDICAL EXAMINER A January 7, 1968 **EXAMINER'S** BENEDICT SKITARELIC, M.D. ADDRESS(Street, city, town, or councumberland, Maryland NAME (Type) the 50 23c. NAME OF CEMETERY OR CREMATORY 23o. BURIAL CREMATION. 23b. DATE 23d. LOCATION (City or Town) (County) (Stote) REMOVAL (Specify)
BURIAL GARRETT, SOMERSET, PENNSYLVANI JANUARY 10.1968 HIGHLAND CEMETERY 2Sb. REGISTRAR'S SIGNATURE 24. FUNERAL DIRECTOR 2So. REC'D BY REGISTRAR Milarles VR A15ME (5) JOHN J. HAFER JR. 230 BALTO AVE. CUMBERLAND MD. DATE JAN 10

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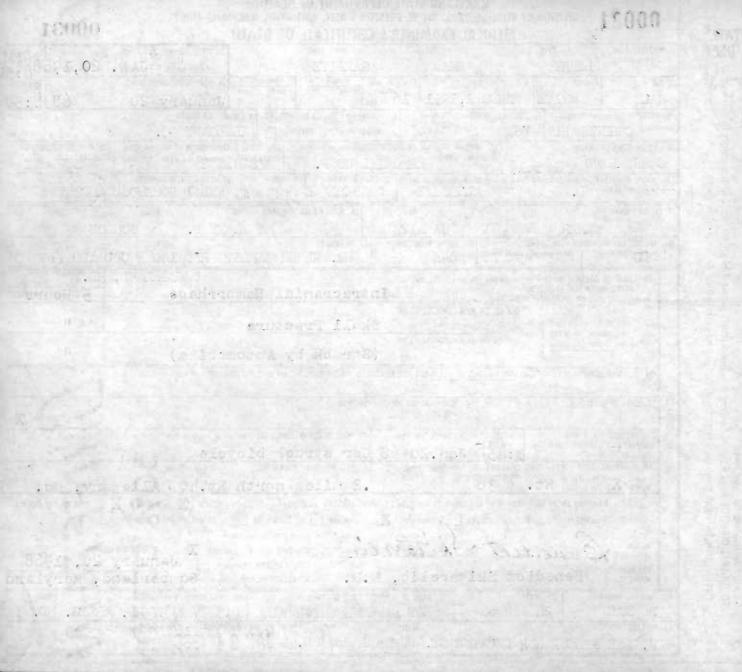
MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL, RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 00029 MEDICAL EXAMINER'S CERTIFICATE OF DEATH FOR STATE HEALTH DEPT. 1. DECEASED-NAME First 2a. DATE KNOWN Month Doy 2b. HOUR Year (Type or Print) Henry JAN. Eckard Free 1:007 DEATH MATED 6. AGE (In years IF UNDER 24 HRS 3. SEX 4. RACE S. DATE OF BIRTH 2c. DATE PRONOUNCED DEAD 2d. HOUR HOURS Month, Jan Day 3 Year 68 :30 Male White Jan. 11,1899 7a. BIRTHPLACE (State or foreign 7b. CITIZEN OF WHAT COUNTRY? MARRIED TINEVER MARRIED 9. COUNTY OF DEATH country) Maryland USA WIDOWED [DIVORCED Allegany Pag 10. CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL OR INSTITUTION (If not in haspital 12a. USUAL OCCUPATION (Kind of work done 12b. KIND OF BUSINESS OR give street address National Highway La Vale during most of working life, even if retired.) Railroad with deoth. 13a. USUAL RESIDENCE (Where deceased lived, if institution: Residence before 13c. CITY OR TOWN 13d. INSIDE CITY LIMITS? 13e. STREET AND NUMBER alon 13b. COUNTY Allegany 24 hours of in Item 18. admission) STATE Cumberland 109 Grand Ave. YES TO NO Office lond 2 ofter 14. FATHER'S NAME Last IS. MOTHER'S MAIDEN NAME Middle Mark XHANKX Eckard Free Emily Kunes the Chief Medical Examiner's poges hours 160. WAS DECEASED EVER IN U.S. ARMED FORCES? in pencil 16b. SOCIAL SECURITY NO. 17. INFORMANT **ADDRESS** (Yes, no, or unknown) (If yes give war or dates of service) Mrs. Anna F. Free, Cumberland, Md. Wife be executed within 18. CAUSE OF DEATH (Enter only one cause per line for (o), (b), and (c).) permit. BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY: CORONARY OCCLUSION SHIDIDIN IMMEDIATE CAUSE (a)_ DUE TO, OR AS A CONSEQUENCE OF CORONARY SCLEROSIS Canditions, if any, which gave rise to immediate cause (a), writing the word DUE TO, OR AS A CONSEQUENCE OF stoting the underlying cause .5 PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a) 0 00 removal CERTIFICATION 19a. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION 20 AUTOPSY? WAS PERFORMED? NO X YES [21a. EXTERNAL CAUSE WAS 21c. HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Port 2, Item 18.) 21b. TIME OF INJURY Month, Dov. Year should PRIMARY OR CONTRIBUTING CAUSE OF DEATH HOUR A.M. cremation, 21e. PLACE OF INJURY (At hame, farm, street, 21f. LOCATION Street or R.F.D. No. City or Town County State foctory, office building, etc.) FUNERAL DIRECTOR: Poge NOT WHILE I please execute AT WORK AT WORK Inspection X Inquiry X and in my apinian Accident Suicide death resulted from: Natural couses Hamicide Undetermined manner CHIEF MEDICAL EXAMINER 22b. DATE SIGNED ASSISTANT MEDICAL EXAMINER January 3, 1968 DEPUTY MEDICAL EXAMINER To FUN Health **EXAMINER'S** BENEDICT SKITARELIC, M.D. ADDRESS(Street, city, town, or contimberland, Maryland NAME (Type) 23g. BURIAL CREMATION. 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) REMOVAL (Specify) Greenmount Cemetery Jan.6.1968 Cumberland Allegany urial EUNERAL DIRECTOR Scarpelli, Cumberland, Md. 2Sa. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE VR ALSME 15 10M REV. 1/68

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h. 2	i /	1. DECEASED-NAME First	Middle	Last	2a. DATE OF DEATH	2b. HOUR
leat and	death	(Type or print) HARR	Y	FRITZ	JARTH 200	68 7:45
after of the fun		3. SEX	4. RACE	5. DATE OF BIRTH		FUNDER) YEAR IF UNDER 24 HRS.
s of		MALE	WHITE	8-13-98	last birthday) YRS.	ONTHS DAYS HOURS MIN.
by by	2		b. CITIZEN OF WHAT COUNTRY?	8. MARRIED X NEVER MARRIED	9. COUNTY OF DEATH	
24 h	72	FRANKLIN CO., P		WIDOWED DIVORCED	ALLEGANY	Md.
requires that the death certificate be executed within 24 hours after death g physician. signed by the attending physician and completely filled in by the funeal e burial-transit permit. Then please remave carban papers. Pages 2 and 3	aval, and in any event, within 72 ho	10. CITY OR TOWN OF DEATH CUMBERLAND	11. NAME OF HOSPITAL OR INS	TITUTION (If not in hospital lac. USU. during m	AL OCCUPATION (Kind of wark done ast of warking life, even if retired.) SWIFT AND COI	12b. KIND OF BUSINESS OR INDUSTRY
J wi etel	±,	13a. USUAL RESIDENCE (Where deceased		13c. CITY OF TOPO 2 13d. INSIDE CITY L		IPANI
utec mpl	10 ever	admission) STATE MARYLAN	13b. COUNTY ALLEGANY		RT. 2. BOX	222
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ortificate be ex physician and en please rem	and in any event, wit	MERRITT	A. FRI	TZ A	DA M	PHENECIE
cate	an	160. WAS DECEASED EVER IN U.S. ARME Yes, no popular named (If yes give war			Address	
physen p	ava	103, 14/10/01/11/01/11	or dates of service) 2111-05-68	93 MEMORIAL HO	SPITAL CUMBEI	RLAND, MD.
ing ing	crematian, ar remaval,	18. CAUSE OF DEATH (Enter only PART I, DEATH WAS CAUSED	one couse per line for (a) (b), and (c).	1	Rauba !	BETWEEN ONSET AND DEATH
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The law requires that the death ce attending physician. has been signed by the attending se as the burial-transit permit. Th	burial,	PART 2. OTHER SIGNIFICANT COND		OT RELATED TO THE TERMINAL DISEASE OR	CONDITION GIVEN IN PART 1(a)	
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YSICIAN: The law raspital ar attending certificate has been hed far use as the	of Health prior to	190. DATE OF OPERATION 19b. CO	ONDITION FOR WHICH OPERATION WAS PE		20b. IF YES, WERE FINDINGS CON CAUSES OF DEATH?	SIDERED IN CERTIFYING
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O HOSPITAL OR ATTENDING PHYSICIAI Page 4 may be retained by the haspital O FUNERAL DIRECTOR: After this certifical director, page 3 should be detached far	State Dept.	While Nat while of wark		TORY.) 21f. LOCATION Street or R.F.D. No		,
by t ffer ffer be c	State	22a. I certify that (I) (this	haspital) attended the decease	ed fram 3, 2, 1, 19 (9 (2) and that in (my) (out) op	a/, to, 196	28 , that (I) (we) last
END ned R: A uld	he	saw the deceased ali	(I) (we) (did) (did not) view the	9. 50.2 ; and that in (my) (our) op bady after death.	inion death accurred an the date	and haur and fram the
ATT ATT CTO Sha Sha	with the	22b. SIGNATURE	01	1	22c. DA	ATE SIGNED
OR be re Be re 3 e 3		//h	. J. Wellia	MASSEE PHYS. LET	MED. STAFF DIRECTOR PHYS.	-20-68
HOSPITAL OR ATTENDIN 1ge 4 may be retained by FUNERAL DIRECTOR: After 1rectar, page 3 shauld be	4	22d. PHYSICIAN'S NAME (Type) DR.	W. F. WILLIAMS	22e. ADDRESS CUMBERLA	AND. MD.	
OSP 4 r	n n			CEMETERY OR CREMATORY		(County) (State)
TO HOSPITAL OR ATTEND Page 4 may be retained TO FUNERAL DIRECTOR: A director, page 3 should	shauld be			A COMPANY OF A STATE OF THE STA	TOTAL MARKET AND MARKET AND	ALLEG. MD
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00031 DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 00031 FOR STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH HEALTH DEPT. 1. DECEASED-NAME First Middle 2a. DATE KNOWN Manth Day Year delay 1. nd 3 to (Type or Print) OF ESTI-DEATH MATED JAN. LARRY DEAN GARLITZ of pages 1 and 2 with the State Department 3. SEX 4. RACE S. DATE OF BIRTH 6. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS. 2c. DATE PRONOUNCED DEAD January 20 WHITE MARCH 1.1951 MALE 16 76. CITIZEN OF WHAT COUNTRY? 7a. BIRTHPLACE (State or foreign MARRIED NEVER MARRIED FIRE 9. COUNTY OF DEATH CUMBERLAND USA WIDOWED [7] DIVORCED [7] ALLEGANY CO. 10. CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL OR INSTITUTION (If nat in haspital 12a. USUAL OCCUPATION (Kind of work done 12b. KIND OF BUSINESS OR give street oddress) MEMORIAL HOSP. during most of working life, even if retired.) CUMBERL AND 13a. USUAL RESIDENCE (Where deceased lived, if institution: Residence before 13c. CITY OR TOWN 13d. INSIDE CITY LIMITS? 13e. STREET AND NUMBER admission) STATE MD. 13b. COUNTY ALLEGANY CUMBERLAND RFD#1 HOMEWOOD ADDITION YES NO TO in Item 1 14. FATHER'S NAME Middle 15. MOTHER'S MAIDEN NAME First Middle FRANCIS GARLITZ ELMER. MARGARET D. GORDON 4 should be forwarded to the Chief Medical Examiner's 16a, WAS DECEASED EVER IN U.S. ARMED FORCES? pencil 16b. SOCIAL SECURITY NO. 17. INFORMANT ADDRESS (Yes, ne, pr unknawn) (If yes give war or dates of service) NONE MR. ELMER GARLITZ RFD#LHOMEWOOD ADDITION CUMBERLAND, event within APPROXIMATE INTERVAL executed 1B. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) permit. PART I. DEATH WAS CAUSED BY: Intracranial Hemorrhage 5 Hours IMMEDIATE CAUSE (a)_ DUE TO. OR AS A CONSEQUENCE OF buriol-tronsit pe Conditions, if any, which gave 11 Skull Fracture rise to immediate couse (a). in any certificate should writing the word DUE TO, OR AS A CONSEQUENCE OF stoting the underlying cause (Struck by Automobile) 11 or removal, and PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART I(g) 190. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION 20. AUTOPSY? WAS PERFORMED? NO X YES 🗍 21a. EXTERNAL CAUSE WAS 21c. HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2, Item 1B.) 21b. TIME OF INJURY Manth, Day, Year 3 should PRIMARY OR CONTRIBUTING cremation, :45 P.M. Jan. 209 68 Car struck bicvcle CAUSE OF DEATH 21e. PLACE OF INJURY (At hame, farm, street, 21d. INJURY OCCURRED 21f. LOCATION Street or R.F.D. No. City or Town County State Rt. # 36 WHILE AT WORK AT WORK .2 miles north Rt.40 Allegany. Md. 22a. I certify that I taak charge of the remains described above, held an Autopsy , Inspection ... Inquiry X, and in my opinion death resulted fram: Natural causes Accident K, Suicide , Hamicide Undetermined manner CHIEF MEDICAL EXAMINER Skitarelie 22b. DATE SIGNED ASSISTANT MEDICAL EXAMINER SIGNATURE X DEPUTY MEDICAL EXAMINER January 20. 1968 **EXAMINER'S** 5 may ro FUNE Heolth Benedict Skitarelic, M.D. ADDRESS(Street, city, town, or co Gumberland, Maryland NAME (Type) 23c. NAME OF CEMETERY OR CREMATORY 23a. BURIAL CREMATION. 23b. DATE 23d. LOCATION (City or Town) (Caunty) 24 JAN 68 REST LAWN MEMORIAL PARK CASH VALLEY RD. ALLEG. MD. 25a. REC'D BY REGISTRAR 1 256. RECTURAR'S SIGNATURE 24. FUNERAL DIRECTOR ADDRESS H. LEE SILCOX LOL DECATUR ST. CUMBERLAND, MD. DATE JAK



MAKTLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 00032 00032 CERTIFICATE OF DEATH DECFASED-NAME First Middle Last 2a. DATE OF DEATH requires that the death certificate be executed within 24 hours after_death (Type ar print) Month Day SAMUEL E. **GAUMER** 4. RACE 3. SEX S. DATE OF BIRTH 6. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS. the ottending physician ond completely filled in by them sit permit. Then please remove carbon papers. Pages last birthday) WHITE 04-21-89 MALE and in any event, within 72 hours 7a. BIRTHPLACE (State or foreign 7b. CITIZEN OF WHAT COUNTRY? 9. COUNTY OF DEATH B. MARRIED KT NEVER MARRIED U.S.A. PENNSYLVANIA WIDOWED | DIVORCED [ALLEGANY COUNTY 11. NAME OF HOSPITAL OR INSTITUTION (If not in haspital 10. CITY OR TOWN OF DEATH 12a. USUAL OCCUPATION (Kind of work done 12b. KIND OF BUSINESS OR give street address)
SACRED HEART RAILROAD CUMBERLAND 13a. USUAL RESIDENCE (Where deceased lived, if institution; Residence before) [13c. CITY OR TOWN 13e. STREET AND NUMBER STATE PENNSYLVAN 13A COUNTY YES 🗀 HYNDMAN RT. #1, HYNDMAN, PA. 15545 14. FATHER'S NAME Middle Last 1S. MOTHER'S MAIDEN NAME First CHARLES SHUMAKER ELIZABETH GAUMER GAUMER 16a. WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO. 17. INFORMANT Address 900 SETON DRIVE Yes, na or unknown) or removal, 705-09-3440 HOSPITAL RECORD'S CUMB. MD. 21502 1B. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) BETWEEN, ONSET AND DEATH PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) burial, cremation, Canditians, if any, which gave rise ta immediate cause (a). DUE TO, OR AS A CONSEQUENCE OF stating the underlying cause signed t PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a) as the has been 19g. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 20a. AUTOPSY 205 F YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? YES [21c. HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2, Item 18.) 21a. ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY OR CONTRIBUTING CAUSE OF DEATH Manth Day Year HOUR A.M. (If either, natify medical examiner) P.M 21d. INJURY OCCURRED 21e. PLACE OF INJURY (AT HOME, FARM, STREET, FACTORY.) 21f. LOCATION Street or R.F.D. No. City or Town Caunty **TO FUNERAL DIRECTOR:** After this director, page 3 should be detoc should be filed with the State Dep While Nat while at wark causes stated above, (1) (we) (did) (did nat) view the bady after death. 22b. SIGNATURE 22c. DATE SJENED MED. DEGREE DIRECTOR PHYS. 22d. PHYSICIAN'S 22e. ADDRESS NAME (Type) 5 POTOMAC STREET. RIDGELEY. W. PAGAN 23d. LOCATION (City ar Tawn) 23c. NAME OF CEMETERY OR CREMATORY 23a. BURIAL, CREMATION. 23b. DATE (Caunty) (State) 20,1968 Porter Cemetery RD#1 Hyndman, Pa. 15545 24. FUNERAL DIRECTOR VR A15 (4) ZIEGLER FUNERAL HOME - HYNDMAN, PENNSYLVANIA 30M REV. 1/68

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DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 00033 00033 MEDICAL EXAMINER'S CERTIFICATE OF DEATH HEALTH DEPT 1. DECEASED-NAME First Middle 2a. DATE KNOWN Month (Type or Print) DEATH MATED JAN. 31. 196810 : LMS 3 ta Page ROBERT GREENE 6. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS 2c. DATE PRONOUNCED DEAD 3 SEX 4. RACE S DATE OF BIRTH 2, and PM3. F 28 YE White Male 6-21-39 Hanuary. 7a. BIRTHPLACE (State or foreign 7b. CITIZEN OF WHAT COUNTRY? MARRIED NEVER MARRIED 9. COUNTY OF DEATH Office alang with farm Maine Allegany USA WIDOWED [7 DIVORCED 8. Give Pages 10. CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL OR INSTITUTION (If not in hospital 12o. USUAL OCCUPATION (Kind of work done 12b. KIND OF BUSINESS OR give street oddress)
Memorial Hospital during mast of working life, even if retired.) INDUSTRY Cumberland Orchard 130. USUAL RESIDENCE (Where deceased lived, if institution: Residence before 13c. CITY OR TOWN 13d. INSIDE CITY LIMITS? 13e. STREET AND NUMBER 13b. COUNTY Paw Paw Rt 1 Paw Paw, W. Va. YES NO land 2 in Item 1 after ( 14. FATHER'S NAME First Middle Last 15. MOTHER'S MAIDEN NAME First Clyde Carlyle Greene Margaret Marguerite Manson pages 16g WAS DECEASED EVER IN U.S. 16b. SOCIAL SECURITY NO. 17. INFORMANT pencil Not known 006-34-9359 Memorial Hospital -- Cumberland, Md. within executed 18. CAUSE OF DEATH (Enter only one cause per line far (a), (b), and (c).) permit. BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY Pulmonary Embolism 36 Hrs. IMMEDIATE CAUSE (o) DUE TO, OR AS A CONSEQUENCE OF pe Conditions, if any, which gave 34 Dava Maceration of abdominal rise to immediate cause (a), shauld writing the ward tissue from gunshot would. DUE TO, OR AS A CONSEQUENCE OF stoting the underlying couse = certificate PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a) 0 remaval, 19g. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION 20 AUTOPSY? January 28, 1968 WAS PERFORMED? Gunshot of Abdomen certificate. YES IN NO F 21o. EXTERNAL CAUSE WAS PRIMARY OR CONTRIBUTING 21b. TIME OF INJURY Month, Doy, Year 21c. HOW INJURY OCCURRED (Enter nature of injury in Port 1 ar Part 2, Item 18.) 3 shauld P.M. Jan . 2819 Gunshot of Back CAUSE OF DEATH 21e. PLACE OF INJURY (At home, farm, street, 21f. LOCATION Street or R.F.D. Na. 21d. INJURY OCCURRED City or Tawn County WHILE AT WORK AT WORK X Keifer, Maryland Keifer, Near Oldtown, Allegany, Md. 22a. I certify that I taak charge of the remains described above, held an Autopsy. Inspection . Inquiry ... and in my apinian Natural causes , Accident , Suicide , Homicide , Undetermined manner death resulted fram: CHIEF MEDICAL EXAMINER FUNERAL I 22b. DATE SIGNED ASSISTANT MEDICAL EXAMINER SIGNATURE January 31. 1968 DEPUTY MEDICAL EXAMINER **EXAMINER'S** BENEDICT SKITARELIC. M.D. ADDRESS(Street, city, town, or county) Cumberland, Marylar NAME (Type) the 23c. NAME OF CEMETERY OR CREMATORY 23b. DATE 23g. BURIAL CREMATION. 23d. LOCATION (City or Town) (Caunty) (State) 2/4/1968 Camp Hill Paw Paw, (Morgan) W. Va. 24. FUNERAL DIRECTOR ADDRESS 25o. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE Johnson Funeral Home, Berkeley Springs, W. Ma. FEB VR A15ME (5)

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MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 00035 FOR STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH HEALTH DEPT. 1 DECEASED-NAME First Middle 2a. DATE KNOWN Month
OF ESTI-Last 2b. HOMAY Year (Type or Print) Wilbur David Grove 1968 3:00M 0 DEATH MATED [ Jan 6 3. SEX 4. RACE S DATE OF BIRTH 6. AGE (In years IF UNDER 1 YEAR IF LINDER 24 HRS 2c. DATE PRONOUNCED DEAD 2d NOUR Male White Jan. 13, 1907 7a. BIRTHPLACE (State or foreign 7b. CITIZEN OF WHAT COUNTRY? 9 COUNTY OF SEATH MARRIED NEVER MARRIED county) ryland Allegany U.S.A. WIDOWED K DIVORCED F Stofe 10 CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL OR INSTITUTION (If not in haspital 12a. USUAL OCCUPATION (Kind of work done 12b. KIND OF BUSINESS OR give street oddress)120 during mast of warking life, even if retired.) INDUSTRY Harm Walnut Westernport Give Office along 13a. USUAL RESIDENCE (Where deceased lived, if institution: Residence befare 13c. CITY OR TOWN 13d. INSIDE CITY LIMITS? 13e. STREET AND NUMBER lond2 with 13b. COUNTY legany Westernport 420 Walnut admission) STATE Md. YES NO 24 hours in Item 1 ofter 14. FATHER'S NAME First Middle Inst 15. MOTHER'S MAIDEN NAME last James Grove Harriett Fazenbaker the Chief Medicol Examiner's poges hours within pencil 16g. WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO. 17. INFORMANT (Yes no or unknown) (If yes give war or dates of service) 216-07-8119 Anderson Grove-Westernport, Md. APPROXIMATE INTERVAL .⊆ within 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) permit. BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY "pending" Occlusion Coronary Sudden IMMEDIATE CAUSE (a)_ DUE TO, OR AS A CONSEQUENCE OF Coronary Sclerosis burial-transit Canditions, if any, which gave rise ta immediate couse (a). certificate should pleose execute the certificate, writing the word DUE TO, OR AS A CONSEQUENCE OF stating the underlying cause .⊆ should be farworded to puo PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(g) 0 OS remavol. used 19a, DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION 20. AUTOPSY? WAS PERFORMED? YES [ 21c. HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2, Item 18.) 0 21a, EXTERNAL CAUSE WAS 21b. TIME OF INJURY Month, Day, Year 3 should PRIMARY OR CONTRIBUTING HOUR A.M. cremotion. EXAMINER: CALISE OF DEATH 21d. INJURY OCCURRED 21e. PLACE OF INJURY (At hame, farm, street, 21f. LOCATION Street or R.F.D. No. County State City or Town factory, office building, etc.) FUNERAL DIRECTOR: Page WHILE AT WORK AT WORK Page buriol. 22a. I certify that I taak charge of the remains described above, held an Autapsy ... Inspection X Inquiry X, and in my opinion director. Natural causes X . Accident . Suicide . death resulted fram: Homicide | Undetermined manner CHIEF MEDICAL EXAMINER 22b. DATE SIGNED ASSISTANT MEDICAL EXAMINER the funerol January 6, 1968 DEPUTY MEDICAL EXAMINER 5 moy b ro FUNER Health ADDRESS(Street, city, town, or county) Cumberland, Md. NAME (Type) Benedict Skitarelic. M.D. 23d. LOCATION (City or Town) 23a. BURIAL, CREMATION 23b. DATE 23c. NAME OF CEMETERY OR CREMATORY (State) REMOVAL (Specify) 1/9 Philos Westernport Md 24. FUNERAL DIRECTOR 25a. REC'D BY REGISTRAR 2Sb. REGISTRAR'S SIGNATURE Westernport, Md. VR A15ME (5) 10M REV. 1/68



MARYLAND STATE DEPARTMENT OF HEALTH 00036 DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 00036 CERTIFICATE OF DEATH DECEASED-NAME First Middle Lost 20. DATE OF DEATH 2b. HOUR after death and death (Type ar print) Month Leota R. Gurlev DM Jan. haurs after 3. SEX 4 RACE 5. DATE OF BIRTH 6. AGE (In years lost birthday) IF UNDER 24 HRS. IF UNDER 1 YEAR OAYS HOURS White Apr. 25, 1889 Female 7o. BIRTHPLACE (State or foreign 7b. CITIZEN OF WHAT COUNTRY? 9. COUNTY OF DEATH 8. MARRIED NEVER MARRIED country) Md. burial, crematian, ar remaval, and in any event, within 72 USA Allegany WIDOWED X DIVORCED [ 24 ban pap fille 10. CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL OR INSTITUTION (If not in hospital 12o. USUAL OCCUPATION (Kind of work done 12b. KIND OF BUSINESS OR within give street address)
27 Parkside Blvd. during most of working life, even if retired.)
Housewife INDUSTRY LaVale Own Home 13a. USUAL RESIDENCE (Where deceosed lived, if institution; Residence before 13c. CITY OR TOWN 13d. INSIDE CITY LIMITS? 13e. STREET AND NUMBER requires that the death certificate be executed admission) STATE 13b. COUNTY YES __ NO 🗌 Parkside Blvd Allegany LaVale 14. FATHER'S NAME First Last 1S. MOTHER'S MAIDEN NAME First Middle Lost Charles Evler Annie Harler physician 160. WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO. 17. INFORMANT Yes, na. ar unknawn) (If yes give war or dates of service) None arkside Blvd 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b) and (c).)
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a) BETWEEN ONSET AND DEATH DUE TO, OR AS A CONSEQUENCE OF signed by the burial-transit p Canditians, if any, which gave rise to immediate cause (o), DUE TO, OR AS A CONSEQUENCE OF **'O HOSPITAL OR ATTENDING PHYSICIAN:** The law requires the Page 4 may be retained by the haspital ar attending physician. stating the underlying couse PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a) **TO FUNERAL DIRECTOR:** After this certificate has been director, page 3 should be detached far use as the should be filed with the State Dept. of Health prior to I 20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING 19a. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 20a. AUTOPSY? CAUSES OF DEATH? YES 🗌 NO [ 21g. ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY 21c. HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2, Item 18.) OR CONTRIBUTING CAUSE OF DEATH HOUR A.M. Month Doy Yeor (If either, natify medical examiner) P.M. 21d. INJURY OCCURRED (AT HOME, FARM, STREET, FACTORY.) 21f. LOCATION Street ar R.F.D. No. 21e. PLACE OF INJURY City or Town State County While Not while at wark 22a. I certify that (I) (this hospital) rattended the deceosed from 19 , 19 , to 12 , 19 60, that (I) (we) last saw the deceased alive on 19 60 and thot in (my) (we) opinion death occurred on the dote and hour and from the causes stated obave, (I) ( (ii) (dil)) view the body ofter death. 22b. SIGNATURE **ATTENDING** STAFF DEGREE DIRECTOR PHYS PHYS 22d. PHYSICIAN'S 22e. ADDRESS NAME (Type) Dr. Thomas F. National Highway LaVale 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) BURIAL, CREMATION 23b. DATE (County) (State) REMOVAL (Specify) Jan. 27, 1968 Greenmount Cemetery Cumberland Allegany Md. 24. FUNERAL DIRECTOR ADDRESS 2Sa. REC'D BY REGISTRAR 2Sb. REGISTRAR'S SIGNATURE VR A15 [4] Milarles 30M REV. 1/68 Byron Kight Cumberland, Md.

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MARYLAND STATE DEPARTMENT OF HEALTH 00037 DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 00037 CERTIFICATE OF DEATH 1. DECEASED-NAME First Middle Lost 2o. DATE OF DEATH 2b. HOUR signed by the ottending physician ond completely filled in by the farters burial-tronsit permit. Then please remove corbon popers. Pages 1 and 2 burial, cremation, or removol, and in ony event, within 72 hours after death. (Type or print) JANUARY FRANCES 1988 HAINES 10:59P 3. SEX 4. RACE S. DATE OF BIRTH 6. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS. offer last birthday) WHITE FEMALE JUNE 5. 1916 within 24 hours 7o. BIRTHPLACE (Stote or foreign 7b. CITIZEN OF WHAT COUNTRY? 9. COUNTY OF DEATH 8. MARRIED NEVER MARRIED country) MARYLAND USA ALLEGANY DIVORCED | WIDOWED [ 11. NAME OF HOSPITAL OR INSTITUTION (If not in hospital 10. CITY OR TOWN OF DEATH 12o. USUAL OCCUPATION (Kind of work done 12b. KIND OF BUSINESS OR give street address)RED HEART HOSP. during mast of warking life even if retired.) CUMBERLAND 13o. USUAL RESIDENCE (Where deceosed lived, if institution; Residence before 13c. CITY OR TOWN 13d. INSIDE CITY LIMITS? 13e. STREET AND NUMBER requires that the deoth certificate be executed 13b. COUNTY YES V NO O MARYLAND ALLEGANY CUMBERLAND III ARCH STREET 14. FATHER'S NAME IS. MOTHER'S MAIDEN NAME First First Middle Lost Middle Lost GERTRUDE **JAMES** GLOSSER STEWART 16b. SOCIAL SECURITY NO. 160. WAS DECEASED EVER IN U.S. ARMED FORCES? 17 INFORMANT Address Yes, no, or unknown) HOSPITAL RECORD APPROXIMATE INTERVAL CAUSE OF DEATH (Enter only one couse per line for (o), (b), ond (c).)
 PART I. DEATH WAS CAUSED BY: BETWEEN ONSET AND DEATH IMMEDIATE CAUSE (o) _ DUE TO, OR AS A CONSEQUENCE OF Conditions, if ony, which gove control de tena Gumle rise to immediate couse (o), DUE TO, OR AS A CONSEQUENCE OF Poge 4 may be retained by the hospital or attending physicion. stoting the underlying couse PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(6) director, page 3 should be detoched for use as the should be filed with the State Dept. of Health prior to O FUNERAL DIRECTOR: After this certificate has been 20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING 190. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 20o. AUTOPSY? CAUSES OF DEATH? YES 🗍 NO [ 210. ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY 21c. HOW INJURY OCCURRED (Enter nature of injury in Port 1 or Port 2, Item 18.) OR CONTRIBUTING CAUSE OF DEATH (If either, notify medicol exominer) HOUR A.M. Month Doy Year P.M 21e. PLACE OF INJURY (AT HOME, FARM, STREET, FACTORY.) 21f. LOCATION Street or R.F.D. No. 21d. INJURY OCCURRED City or Town County While Not while of work 22a. I certify that (I) (this haspital) attended the deceased from 1-4-, 1968, to 1-18, 1968, that (I) (we) last ____, and that in (my) (aur) apinian death accurred an the date and have and from the saw the deceased alive an______19_ causes stated abave, (1) (we) (did) (did nat) view the bady after death. 22b. SIGNATURE 22c. DATE SIGNED **ATTENDING** STAFF DEGREE DIRECTOR 22d. PHYSICIAN'S 22e. ADDRESS NAME (Type) LEWIS BRINGS, M.D. 57 GREENE ST., CUMBERLAND, 23c. NAME OF CEMETERY OR CREMATORY 23b. DATE 23d. LOCATION (City or Town) 23o. BURIAL, CREMATION (County) (Stote) Rose Hill Cemetery Jan. 21,1968 REMOVAL (Specify) Cumberland Allegany 250. REC'D BY REGISTRAR Scarpelli, Cumberland, Md. · 25b REGISTRAR'S SIGNATURE 24. EUNERAL DIRECTOR VR A15 (4) JAIN 20 30M REV, 1/68

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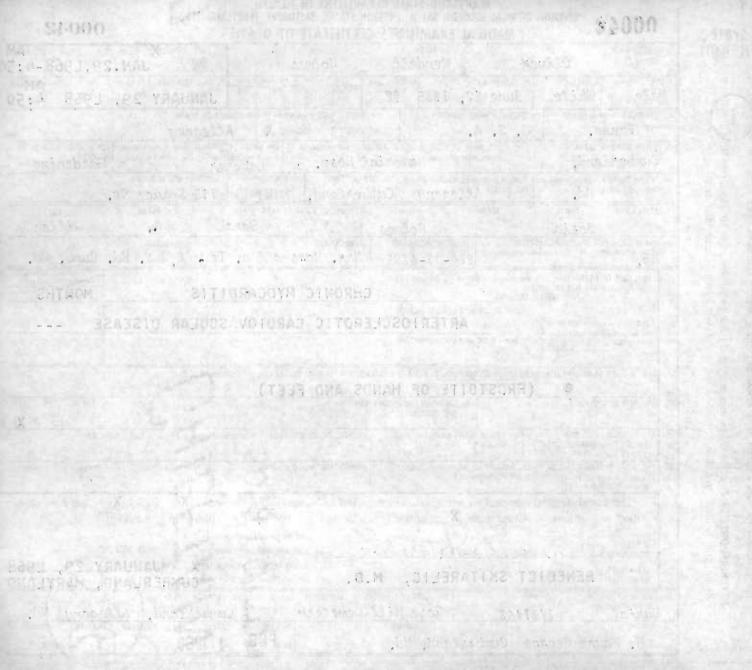
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MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 00040 00040 CERTIFICATE OF DEATH Middle Last 2b. HOUR ▲ DECEASED-NAME First 2a. DATE OF DEATH deoth (Type or print) JANUARY HENRY EMMIT C. 1968 9 3. SEX 4. RACE S. DATE OF BIRTH IF UNDER 1 YEAR 6. AGE (In years requires that the death certificate be executed within 24 hours after the ottending physicion ond completely filled in by the sist permit. Then please remove carbon papers. Pages last birthmay) HOURS 8/13/1889 WHITE MALE 7o. BIRTHPLACE (Stote or foreign 7b. CITIZEN OF WHAT COUNTRY? 9. COUNTY OF DEATH 8. MARRIED NEVER MARRIED U.S.A. ALLEGANY WIDOWED [ DIVORCED [ 10. CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL OR INSTITUTION (If not in hospital give street address) HAL HOSPITAL burial, cremation, or removal, and in ony event, within 120. USUAL OCCUPATION (Kind of work done 12b. KIND OF BUSINESS OR CUMBERLAND. MD. HOSPIEAL IND. 13a. USUAL RESIDENCE (Where deceased lived, if institution: Residence before 13c. CITY OR TOWN 13d. INSIDE CITY LIMITS? 13e. STREET AND NUMBER odmission) STATE YES NO X EGANY OLD TOWN 15. MOTHER'S MAIDEN NAME First SAVANNAH 14. FATHER'S NAME First Middle Last Middle PENNEL HENRY ALBERT 16b. SOCIAL SECURITY NO. 17. INFORMANT 160. WAS DECEASED EVER IN U.S. ARMED FORCES? CUMBERLAND. MD. Yes, no, or unknown) MEMORIAL HOSPITAL. (II yes give war or dates of service) 218 21 8591 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)
PART I. DEATH WAS CAUSED BY:
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DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 00042 MEDICAL EXAMINER'S CERTIFICATE OF DEATH 1. DECEASED-NAME First 20. DATE KNOWN Manth Day Year deloy 1, and 3 to Poge (Type or Print) Oliver Wendell OF ESTI-DEATH MATED JAN.29, L968-4:50 Holmes 3. SEX 4. RACE S DATE OF BIRTH IF UNDER I YEAR IF UNDER 24 HRS 2c DATE PRONOUNCED DEAD 6. AGE (In years AdMHOUR Male White. June 22. 1885 JANUARY 29. 7a. BIRTHPLACE (State or foreign 76. CITIZEN OF WHAT COUNTRY? MARRIED NEVER MARRIED 9. COUNTY OF DEATH Ponna. U. S. A. WIDOWED [ DIVORCED [X] Allegany 1D. CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL OR INSTITUTION (If nat in haspital 12a. USUAL OCCUPATION (Kind of work done 12b. KIND OF BUSINESS OR give street address) Mamorial Hosp. during most of working life, even if retired.) Bardening Cumberland. land 2 with the 13a. USUAL RESIDENCE (Where deceased lived, if institution; Residence before 13c. CITY OR TOWN 13d. INSIDE CITY LIMITS? 13e. STREET AND NUMBER 13b. COUNTY Allegany odmissian) STATE Cumberland. 115 Spruce St. YES X NO 14. FATHER'S NAME 1S. MOTHER'S MAIDEN NAME First Sarah Wilton Josiah Holmes 16g, WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO. 17. INFORMANT ADDRESS (Yes, na, or unknown) Mrs. Marshall H. Tewell Wms. Rd. Cumb. Md. 220-07-6885 1B. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: CHRONIC MYOCARDITIS MONTHS IMMEDIATE CAUSE (a) DUE TO. OR AS A CONSEQUENCE OF ARTERIOSCLEROTIC CARDIOVASCULAR DISEASE Canditions, if ony, which gave rise to immediate couse (a). DUE TO, OR AS A CONSEQUENCE OF stating the underlying cause PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(g) (FROSTBITE OF HANDS AND FEET) 19b. CONDITION FOR WHICH OPERATION 2D. AUTOPSY? WAS PERFORMED? YES 🗍 NO X 21a. EXTERNAL CAUSE WAS 21b. TIME OF INJURY Month, Day, Year 21c. HOW INJURY OCCURRED (Enter noture of injury in Part 1 ar Part 2, Item 18.) PRIMARY OR CONTRIBUTING CAUSE OF DEATH 21d. INJURY OCCURRED 21e. PLACE OF INJURY (At home, form, street, 21f. LOCATION Street or R.F.D. No. City or Town County Stote foctory, office building, etc.) WHILE NOT WHILE T 220. I certify that I took charge of the remains described above, held on Autopsy , Inspection X. Inquiry X. ond in my opinion deoth resulted from: Notural couses X. Accident . Suicide . Homicide Undetermined monner CHIEF MEDICAL EXAMINER ACTUAL 22b. DATE SIGNED ASSISTANT MEDICAL EXAMINER JANUARY 29, L968 DEPUTY MEDICAL EXAMINER 5 may TO FUNE Heolth BENEDICT SKITARELIC. M.D. NAME (Type) ADDRESS(Street, city, town, or comMBERLAND, MARYLAND 23c. NAME OF CEMETERY OR CREMATORY 23g. BURIAL CREMATION. 23b. DATE 23d. LOCATION (City or Town) (County) REMOVAL (Specify) Rose Hill Cemetery Cumberland. Burial Allegany Md. 24. FUNERAL DIRECTOR ADDRESS 2Sa. REC'D BY REGISTRAR 2Sb. REGISTRAR'S SIGNATURE H. Wayne George Cumberland, Md. VR A15ME (5) 10M REV. 1/68



HEALTH DEPT deloy ond 3 pages lond 2 with the Stote De the Chief Medical Exominer's Office along with form Item 18. Give Pages death. 24 hours after hours pencil in within File event within 72 .⊆ be executed permit. This certificate should writing the word .= should be forworded to and 0 or removal,

MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

MEDICAL EXAMINER'S CERTIFICATE OF DEATH

1. DECEASED-NAME First Middle 20. DATE KNOWN 2b. HOURA Month (Type or Print) ESTI-Jan.24 19681:10M Patrick Hopkins DEATH MATED IF UNDER 24 HRS. 3. SEX 4. RACE S. DATE OF BIRTH AGE (In years DATE PRONOUNCED DEAD 2d. HOURA White March 27,1900 Male 67 7o. BIRTHPLACE (Stote or foreign 7b. CITIZEN OF WHAT COUNTRY? 9. COUNTY OF DEATH MARRIED NEVER MARRIED Allegany WIDOWED | DIVORCED [ USA Maryland 11. NAME OF HOSPITAL OR INSTITUTION (If not in hospital 10. CITY OR TOWN OF DEATH 12o. USUAL OCCUPATION (Kind of work done 12b. KIND OF BUSINESS OR INDUSTRY during most of working life, even if retired.) give street oddress) Sacred Heart Cumberland 13o. USUAL RESIDENCE (Where deceosed lived, if institution: Residence before 13c. CITY OR TOWN 13d. INSIDE CITY LIMITS? 13e. STREET AND NUMBER odmission) STATE Maryland 3b. COUNTY 562 Fayette St. Allegany Cumberland YES X NO 14. FATHER'S NAME 1S. MOTHER'S MAIDEN NAME Patrick Hopkins H. Wempe Mary 160. WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO. 17. INFORMANT ADDRESS (Yes, no or unknown) Mrs. Helen Hopkins, Cumberland, Md.-Wife 18. CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c).) BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY Irreversible Shock IMMEDIATE CAUSE (o). DUE TO, OR AS A CONSEQUENCE OF Conditions, if ony, which gave Hemorrhage rise to immediate couse (a), DUE TO, OR AS A CONSEQUENCE OF stoting the underlying couse Rupture Abdominal Aortic Aneurysm PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(0) 190. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION 20. AUTOPSY? WAS PERFORMED? YES W NO T 210. EXTERNAL CAUSE WAS 21b. TIME OF INJURY Month, Doy, Year 21c. HOW INJURY OCCURRED (Enter noture of injury in Port 1 or Port 2, Item 18.) PRIMARY OR CONTRIBUTING HOUR A.M. CAUSE OF DEATH 21d. INJURY OCCURRED 21e. PLACE OF INJURY (At home, form, street, 21f. LOCATION Street or R.F.D. No. City or Town County Stote factory, office building, etc.) WHILE AT WORK AT WORK 22a. I certify that I taak charge of the remains described above, held an Autapsy [7], Inquiry [] Inspection X. and in my apinian Natural causes Accident . Suicide . death resulted fram: Hamicide Undetermined manner CHIEF MEDICAL EXAMINER 22b. DATE SIGNED ASSISTANT MEDICAL EXAMINER

**EXAMINER'S** 

BENEDICT SKITARELIC. M.D.

DEPUTY MEDICAL EXAMINER

January 24, 1968

NAME (Type) 23o. BURIAL CREMATION.

23c. NAME OF CEMETERY OR CREMATORY St. Mary's Cemetery

ADDRESS(Street, city, town, or county) unberland, Haryland 23d. LOCATION (City or Town)

24. FUNERAL DIRECTOR James F. Scarpelli, Cumberland, Md.

Jan. 27, 1968

Cumberland Allegany 2So. REC'D BY REGISTRAR 2Sb. REGISTRAR'S SIGNATURE

VR A15ME (5)

3 should

FUNERAL DIRECTOR:

5 may ro FUNE Health

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cremotion,

please execute the certificate.

the funeral director. Page 4 should be forworded to the Chief Medical Examiner's Office along with farm

This certificate should be executed within 24 hours ofter death

DICAL EXAMINER:

TO DEPUTY

VR A15ME (6) 10M REV. 1/68

MAKYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

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		11002	-~	MEDIC	AL EXAMINER'	2 CE	RTIFICATE OF I	DEATH				
		CEASED-NAME	First		Middle	+	Lost		2a. DATE KNOWN Month	Day	Yeor	2b. HOUR
	(1	ype ar Print)		James	Robe	rt	Houdersh	rell	DEATH MATED 1-8		3:2	28A M
	3. SE	X	4. RACE	S. DATE OF BIR	TH 6. AGE (In	years		DER 24 HRS	2c. DATE PRONOUNCED DEAD		2,0	2d. HOUR
		Male	White	March 2		day)	MONTHS DAYS HOURS	MIN.	Hanuary B.	1068	192 . 2	RAM
		BIRTHPLACE (State		76. CITIZEN OF WH.			RIED TO NEVER MARRIED	7 9. 00	UNTY OF DEATH	-700	المالين	- U.A
	coun	mary.	land	USA		WIDO	WED DIVORCED	I Al	legany			Md
Н		ITY OR TOWN OF		11. N/	ME OF HOSPITAL OR INSTI	TUTION	(If nat in haspital 12a	LICITAL O	CCUPATION (Kind of work done	12b. KIND	OF BUSI	VESS OR
50		Cumber	rland	give s	treet oddress) Memo	ria	l Hospital"	ing most o	of warking life, even if retired.)	INDUSTRY	Cext	ile
2/5	13a.	USUAL RESIDEN	E (Where decease	sed lived, if institu	tion: Residence before 13	c. CITY C	OR TOWN 13d. INSIDE C	ITY LIMITS?	13e. STREET AND NUMBER			
0	ac	lmission) STATE	W. Va.	13b. COUNTY	Mineral	Vil	ey Ford YES Ex	NO 🗆	none			
2		ATHER'S NAME	First	Middle	Lost		15. MOTHER'S MAIDEN NAM				Lost	
~		Mor	ton	L.	Houdersh	ell		Cat	herine Cook			
		WAS DECEASED EV	ER IN U.S. ARMED		16b. SOCIAL SECURITY NO.		INFORMANT	it.		aught	er	
	(Y	es, no, or unknow	n) (If yes give	war or dates of service)		M:	iss Patrici	а Но	udershell, Cumb	perla	ind,	Md.
		18. CAUSE OF	DEATH (Enter on	ly one couse per li	ne for (a), (b), and (c).)						PROXIMATE II	
50			EATH WAS CAUSE		(4)	Ce	rebral Hen	norr	ha ge	_	ours	
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			ny, which gave			Ru	pture Left	t Ce	rebral Artery		11	
			iate cause (a), ( derlying cause (		AS A CONSEQUENCE OF	-31			Bit Harrier			
		last.		(6)		Ar	teriosclei	cosi	s, Hypertensi	on .		
		PART 2. OTHER S	SIGNIFICANT COND	ITIONS CONTRIBUTI	NG TO DEATH BUT NOT RE							
	- 1	33/	X	A STATE VALUE OF								
,	CERTIFICATION	19a. DATE OF O	PERATION		196. CONDITION FOR WHIC	H OPER	ATION			20.	AUTOPSY'	}
1	TIFIC				WAS PERFORMED?						YES	NO 🗌
		21a. EXTERNAL			NJURY Month, Day, Year	210	. HOW INJURY OCCURRED	(Enter note	ure af injury in Part 1 or Part 2, Ite	em 18.)		-
	MEDICAL	CAUSE OF DEAT	r contributing [ H	HOUR A.I								
	MEC	21d INJURY OC	URRED 21e.	PLACE OF INJURY (A	At home, farm, street,	21	LOCATION Street or R.F.D.	Na.	City ar Tawn	Caunty		State
13		AT WORK	T WORK	ctary, affice building	g, etc.)							
		22o. I	certify that I t	ook chorge of th	ne remains described	obove.	held on Autopsy X	1. In	spection X, Inquiry	t on	d in my	opinion
			sulted from:		es K. Accident			a)	Undetermined monner		,	оринон
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		ACTUAL SIGNATURE	1Den	odies	- Sb, tal	101	ASSISTANT N			SIGNED		
2		EXAMINER'S		- Company	, marine		DEPUTY MED			7 8.	7.96	58
oh		NAME (Type)	BENED	ICT SKI	TARELIC,	M.D	ADDRESS(Str	eet, city, to	own, or county Cumberla	nd.	Md.	
1	23a.	BURIAL, CREMA	ION, 23b.	DATE	23c. NAME OF CEN					(Caunty)		ote)
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1	24.	FUNERAL DIRECT			Cumberlan		2Sa. R	EC'D BY RE	GISTRAR 2Sb. REGISTRAR'S	SLGNATURE	amy	I'I C .
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MARYLAND STATE DEPARTMENT OF HEALTH 00046 DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 00046 CERTIFICATE OF DEATH DECEASED-NAME First Middle 2a. DATE OF DEATH 2b. HOUR signed by the attending physician and campletely filled in by the fuperal burial-transit permit. Then please remave carban papers. Pages F and 2 burial, cremation, ar removal, and in any event, within 72 haurs after death. (Type or print) Month Birtle Blanche Huffman 968 January affer 3. SEX 4. RACE S. DATE OF BIRTH 6. AGE (In years IF UNDER I YEAR IF UNDER 24 HRS last birthday) MONTHS DAYS HOURS Female White 1892 July 2. 7b. CITIZEN OF WHAT COUNTRY? 70. BIRTHPLACE (State or foreign 9. COUNTY OF DEATH requires that the death certificate be executed within 24 hays 8. MARRIED NEVER MARRIED Hyndman, Pa USA WIDOWED T DIVORCED [ Allegany 10. CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL OR INSTITUTION (If not in hospital 12a. USUAL OCCUPATION (Kind of work done 12b. KIND OF BUSINESS OR give street address) Avenue Practical Nr Cumberland Maryland 13a. USUAL RESIDENCE (Where deceased lived, if institution: Residence before 13c. CITY OR TOWN 13d. INSIDE CITY LIMITS? 13e. STREET AND NUMBER 13b. COUNTY Bedford admission) Pennsylvani Hyndman 14. FATHER'S NAME First Middle Last 1S. MOTHER'S MAIDEN NAME First Middle Christopher Ranker Druzella Clites 16a. WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO. 17. INFORMANT Address RD#1 Yes, na, ar unknown) (If yes give war or dates of service) 17/1-16-9005 Mrs. Mildred Glessner. Stoystown Pa 18. CAUSE OF DEATH (Enter only one cause per line far (a), (b), and (c).) BETWEEN ONSET AND DEA PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a) DUE TO, OR AS A CONSEQUENCE OF Conditions, if any, which gave ) rise to immediate couse (a), DUE TO, OR AS A CONSEQUENCE OF stating the underlying couse PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(6) Page 4 may be retained by the haspital or attending **TO FUNERAL DIRECTOR:** After this certificate has been director, page 3 shauld be detached far use as the shauld be filed with the State Dept. of Health priar ta 190. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 20a. AUTOPSY? 20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? YES T NO T 21c. HOW INJURY OCCURRED (Enter noture of injury in Part 1 ar Part 2, Item 18.) 21a. ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY OR CONTRIBUTING CAUSE OF DEATH Month Doy Year HOUR A.M. (If either, natify medical examiner) P.M 21d. INJURY OCCURRED 21e. PLACE OF INJURY ( AT HOME, FARM, STREET, FACTORY, ) 21f. LOCATION Street or R.F.D. No. City or Town Stote County While Not while at wark of wark TO HOSPITAL OR ATTENDING 22a. I certify that (I) (this haspital) attended the deceased from 1960, to _19 68, and that in (my) (aur) apinian death accurred an the date and haur and fram the saw the deceased alive an Jan. causes stated abave, (1) (we) (did) (did nat) view the bady after death 22b. SIGNATURE 22c. DATE SIGNED **ATTENDING** STAFF DEGREE DIRECTOR 22d. PHYSICIAN'S 22e. ADDRESS NAME (Type) 23d. LOCATION (City or Town) 230. BURIAL, CREMATION 23b. DATE 23c. NAME OF CEMETERY OR CREMATORY (County) Bedford Co. Pa 968 Hyndman Cemetery Hyndman. 2So. REC'D BY REGISTRAR 24. FUNERAL DIRECTOR 2Sb. REGISTRAR'S SIGNATURE VR A15 (4) 30M REV. 1/68 Zeigler. Hyndman. Harvey H.

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DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 06047 CERTIFICATE OF DEATH 00047 Lost 2n. DATE OF DEATH 2b. HOUR 1. DECEASED-NAME First Middle requires that the death certificate be executed within 24 hours ofter death. funeral (Type or print) Month Sarah 围11en Hunter January 3. SEX 4. RACE S. DATE OF BIRTH 6. AGE (In years 1E TINOFR 1 YEAR IF UNDER 24 HRS. last birthdoy) MONTHS OAYS HOURS Female White June pers. Po 72 hour 9. COUNTY OF DEATH 7o. BIRTHPLACE (State or foreign 7b. CITIZEN OF WHAT COUNTRY? 8. MARRIED TO NEVER MARRIED country) DIVORCED [ WIDOWED [ Allegany Dodrudge Co signed by the ottending physicion and completely filler burial-transit permit. Then please remave corbon pot buriol, cremation, ar removal, and in any event, within 12o, USUAL OCCUPATION (Kind of work done 10. CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL OR INSTITUTION (If not in hospital 12b. KIND OF BUSINESS OR during mast of working life, even if retired.) give street oddress) INDUSTRY Frostburg Uwn lousewife Winers Hospita ome 13a. USUAL RESIDENCE (Where deceased lived, if institution: Residence before 13c CITY OR TOWN 13d. INSIDE CITY LIMITS? 13e. STREET AND NUMBER 13b. COUNTY YESF NO Frostbur Maryland 14. FATHER'S NAME 1S. MOTHER'S MAIDEN NAME First Middle First Middle Last Unknown Unknown 16g WAS DECEASED EVER IN U.S. ARMED FORCES? 16b SOCIAL SECURITY NO. 17 INFORMANT Yes, no, or unknown) HunterFrostburg APPROXIMATE INTERVA 18. CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c).) BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (0) A CUTE MUOGARDIAL DUE TO, OR AS A CONSEQUENCE OF ARTERIOSCHEROTIC HEART DISEASE Conditions, if ony, which gave ) rise to immediate cause (o). DUE TO, OR AS A CONSEQUENCE OF stating the underlying couse PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a) TO FUNERAL DIRECTOR: After this certificate has been director, page 3 should be detoched for use as the should be filed with the Stote Dept. of Health prior to 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 20g. AUTOPSY? 20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING 19a, DATE OF OPERATION CAUSES OF DEATH? PHYSICIAN: The NO X YES 🗀 4 may be retained by the hospital or 21o. ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY 21c. HOW INJURY OCCURRED (Enter noture of injury in Port 1 or Port 2, Item 18.) OR CONTRIBUTING TO CAUSE OF GEATH HOUR A.M. Month Doy Year (If either, natify medical examiner) 21d. INJURY OCCURRED 21e. PLACE OF INJURY ( AT HOME, FARM, STREET, FACTORY, ) 21f. LOCATION Street or R.F.D. No. City or Town County Stote While Not while of work OFFICE BUILDING ETC. 220. I certify that (I) (this hospital) attended the deceased from saw the deceased alive on 1968, and that in (my) (our) opinion death occurred on the date and hour and from the _____, 19 60 , to 127, 1968, that (1) (we) last causes stoted abave, (1) (we) (and) (did not) view the body ofter death. 22c. DATE SIGNED 22b. SIGNATURE ATTENDING STAFF PHYS. DEGREE PHYS DIRECTOR 22e. ADDRESS 22d. PHYSICIAN'S NAME (Type) Frosthure Strong 23d. LOCATION (City or Town) 23c. NAME OF CEMETERY OR CREMATORY (County) (Stote) 23o. BURIAL, CREMATION, 23b. DATE REMOVAL (Specify) 1968 Frosthure Mem Park Frostburg Buria Sowers . Hafer-Bowers Funera 250. RECO BY REGISTRAR 2Sb. REGISTRAR'S SIGNATURE 24 FUNERAL DIRECTOR VR A15 (4) Ques Home 60 W. Main Frostburger FEB Marles

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DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 00048 FOR STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH HEALTH DEPT 1. DECEASED-NAME First Middle 20. DATE KNOWN Month (Type or Print) 1685:05 JAN. 3 Carrie James DEATH MATED 6. AGE (In years IF UNDER 24 HRS 3. SEX 4 RACE S. DATE OF BIRTH 2c. DATE PRONOUNCED DEAD P.M.3. Month Nov.26.1918 1968 White Female 7o. BIRTHPLACE (State or foreign 7b. CITIZEN OF WHAT COUNTRY? 9. COUNTY OF DEATH MARRIED NEVER MARRIED Office alang with farm country) W. Va. USA WIDOWED [ DIVORCED [ Allegany the State 10. CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL OR INSTITUTION (If not in hospital 12o. USUAL OCCUPATION (Kind of work done 12b. KIND OF BUSINESS OR give street oddress) Memorial Hospital Housewille, even if retired.) Own Home Cumberland 13o. USUAL RESIDENCE (Where deceosed lived, if institution: Residence before 13c. CITY OR TOWN land 2 with 13d. INSIDE CITY LIMITS? 13e. STREET AND NUMBER 13b. COUNTY Maple Street Wiley Ford YES TO NO 14. FATHER'S NAME First Middle 15. MOTHER'S MAIDEN NAME Middle Lost Houdershell Catherine Cook Morton bages shauld be farwarded to the Chief Medical Examiner's 160. WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO. 17. INFORMANT pencil (Yes, no, or unknown) Mr. Ray O. James, Wiley Ford, W. Va. Husband E APPROXIMATE INTERVAL executed within 18. CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c).) permit. BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY Cerebral Hemorrhage Hours IMMEDIATE CAUSE (a) DUE TO, OR AS A CONSEQUENCE OF burial-transit Conditions, if ony, which gove Hypertensive cardiovascular disease Years rise to immediate couse (a). shauld writing the ward DUE TO, OR AS A CONSEQUENCE OF stoting the underlying couse .= and certificate PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(6) 0 OS remaval, nsed 190. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION 20. AUTOPSY? WAS PERFORMED? the certificate, YES 🗀 NO TX 21o. EXTERNAL CAUSE WAS 21c. HOW INJURY OCCURRED (Enter noture of injury in Port 1 or Port 2, Item 1B.) 21b. TIME OF INJURY Month, Day, Year 3 shauld PRIMARY OR CONTRIBUTING HOUR A.M. CAUSE OF DEATH 21e. PLACE OF INJURY (At home, form, street, 21f LOCATION Street or R.F.D. No. City or Town County Stote factory, office building, etc.) NOT WHILE 220. I certify that I took charge of the remains described above, held an Autopsy , FUNERAL DIRECTOR: Inspection ( Inquiry XX ond in my opinion Notural couses deoth resulted from: Accident . Suicide Homicide Undetermined manner CHIEF MEDICAL EXAMINER 22b. DATE SIGNED ASSISTANT MEDICAL EXAMINER DEPUTY MEDICAL EXAMINER X January 3, 1968 **EXAMINER'S** Benedict Skitarelic, M.D. ADDRESS(Street, city, town, or county cumberland. Md. NAME (Type) 50 m 23o. BURIAL, CREMATION, 23b DATE 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) (County) Burial (Specify) Jan.6,1968 Near Wiley Ford, W. Va. Minera Abe Cemetery 25b. REGISTRAR'S SIGNATURE 2So. REC'D BY REGISTRAR 24. FUNERAL DIRECTOR Scarpelli, Cumberland, Md. James F. VR A15ME (5 DATEJAN Minley Judge 10M REV. 1/68

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				10043		CERTIFICATE OF DEATH		00049
143	= Z=			ASED-NAME First	Middle	Last	2a. DATE OF DEATH	2b. HOURP
	funeral funeral er deat			e ar print) BESS	IE CLARABEL	KASECAMP	Manth Day	29 Year 68 9:05 M
	草草		3. SEX		4. RACE	S. DATE OF BIRTH	6. AGE (In years	1F UNDER 1 YEAR IF UNDER 24 HRS. MONTHS DAYS HOURS MIN.
100	rs a			FEMALE	WHITE	11-04-83	84 "YRS.	
	he law requires that the death certificate be executed within 24 haurs affected the attending physician. It is seen signed by the attending physician and completely filled in by the funeral e as the burial-transit permit. Then please remove carbon papers. Pages I and priar ta burial, crematian, or removal, and in any event, within 72 haurs after death	-	7a. BIR country	THPLACE (State or foreign 7) MARYLAND	b. CITIZEN OF WHAT COUNTRY?	8. MARRIED NEVER MARRIED DIVORCED DIVORCED	9. COUNTY OF DEATH  ALLEGANY COUNTY	Md.
12.2	ithin 2 y fille on pa	12	10. CITY	OR TOWN OF DEATH  CUMBERLAND	11. NAME OF HOSPITAL OR INS GIVE STREET GOOD HEART	HOSPITAL 12a. USU	AL OCCUPATION (Kind of work dane ast of working life, even if retired.) EWIFE	12b. KIND OF BUSINESS OR INDUSTRY
	d w letel arbo		13a. US	SUAL RESIDENCE (Where deceased	lived, if institution: Residence before	13c. CITY OR TOWN 13d. INSIDE CITY		NONE
	cute omp	01	admissi	an) STATE MARYLAND	13b. COUNTY ALLEGANY		□ 313 5TH STREE	T
	exe ond any		14. FAT	HER'S NAME First	Middle Last	15. MOTHER'S MAIDEN NAME	irst Middle	Last
	be n ar	= 1		DANIEL	S. RYAN	REDENTSC.	SARAH J.	Robertson
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	phy en oval			10	None	HOSPITAL RECOF	CUMB., MD	2 1502 APPROXIMATE INTERVAL
	ne death cer attending p permit. The		18	B. CAUSE OF DEATH (Enter only PART   DEATH WAS CAUSED	ane cause per line far (a), (b), and (c). BY:	)		BETWEEN ONSET AND GEATH
	deal tend rmit, or			773 IMMEDIATE	CAUSE (a)	11A; GENERALIZE	D ARTERIOSCLECO	CK!
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	es the sicial bad be all-tro			tating the underlying cause	( OSTEO PORO	SIS; COMPRESSION FI	RACT. VERTEBRA-04	D IMONTH.
4.0	quir phys sign suric		P.	ART 2. OTHER SIGNIFICANT COND		OT RELATED TO THE TERMINAL DISEASE OR		
	ing ing ing ite		No.	133 X DYSPHA		Y ARTERY DISEASE		
	TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires the Page 4 may be retained by the haspital or attending physician. To FUNERAL DIRECTOR: After this certificate has been signed by directar, page 3 shauld be detached for use as the burial-transhauld be filed with the State Dept. of Health priar ta burial, crea	2	CERTIFICATION	a. DATE OF OPERATION 19b. CC	INDITION FOR WHICH OPERATION WAS PE	RFORMED 20a. AUTOPSY?  YES NO	20b. IF YES, WERE FINDINGS CO CAUSES OF DEATH?	INSIDERED IN CERTIFYING
	or ate			a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH	21b. TIME OF INJURY HOUR A.M. Manth Day Year	21c. HOW INJURY OCCURRED (Ente	r nature of injury in Part 1 or Part 2, It	tem 18.)
	pita pritifica of fo		in the	f either, natify medical examine	r) P.M.			
	ATTENDING PHYSICIAN: stained by the haspital or CTOR: After this certificate shauld be detached for uith the State Dept. of Hea			Vald. INJURY OCCURRED Vhile Nat while wark	LACE OF INJURY ( AT HOME, FARM, STREET, FAC OFFICE BUILDING, ETC.	TORY,) 21f. LOCATION Street or R.F.D. No	. City ar Tawn	Caunty State
1	the Date of the Da	т	at	wark at wark	haanisal\ assaadad sha daaaaa	10/s	8 10 1-29 106	2D that (I) (wa) last
	Afte Afte a be be Sto		1	saw the deceased oliv	/e an1	ed from, 199 9, and that in (my) (our) op	inion deoth accurred on the dot	te ond hour ond from the
	OR: OR: h th			140303310104 00010)	(I) (we) (did) (did nat) view the	body after death.		
	OR A be retrolled as the state of the state	rid.	22	2b. SIGNATURE	2 Sc1 . 10.	DEGREE PHYS	AFD — STAFF — (TAN	DATE SIGNED
	be died		22	2d. PHYSICIAN'S	ac ominates	DEGREE PHYS. 22e. ADDRESS	DIRECTOR L PHYS. L 2/	/1/68
	May		-	NAME (Type) DR. R.	SCHINDLER		NE ST., CUMB., MD	. 21502
100	Page 4 may ro FUNERAL director, page shauld be fit		23a. B	URIAL, CREMATION, 23b. DA	TE 23c. NAME OF	CEMETERY OR CREMATORY	23d. LOCATION (City ar Tawn)	(Caunty) (State)
+1:	Pag Pily		R	EMOYAL (Specify) 2/	7   0 0	emorial Burial Parl		Illegany Md.
A	- /	Λ	24. FU	NERAL DIRECTOR H. Ways	ADDRESS	2Sa. REC'D I	RY REGISTRAR 2Sb. REGISTRAR'S S	SIGNATURE
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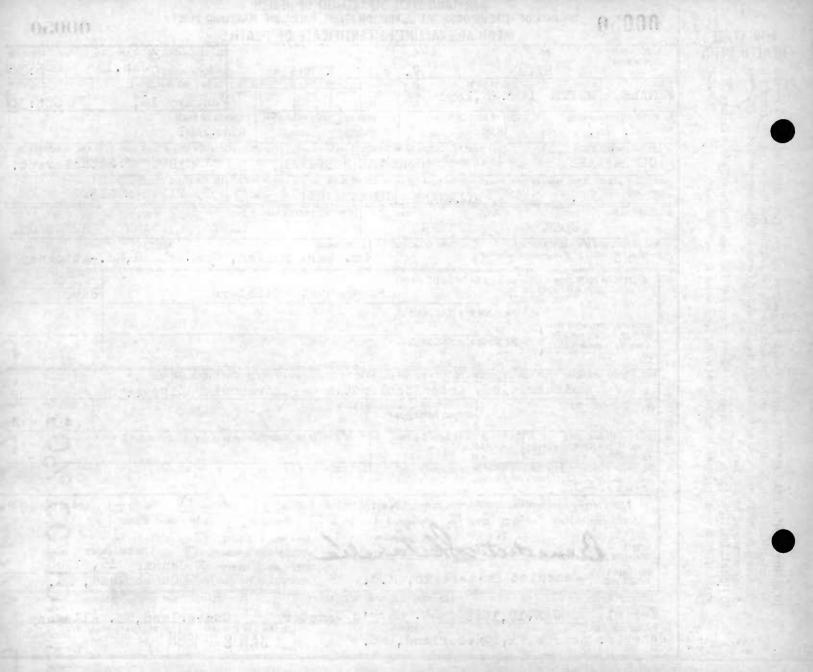
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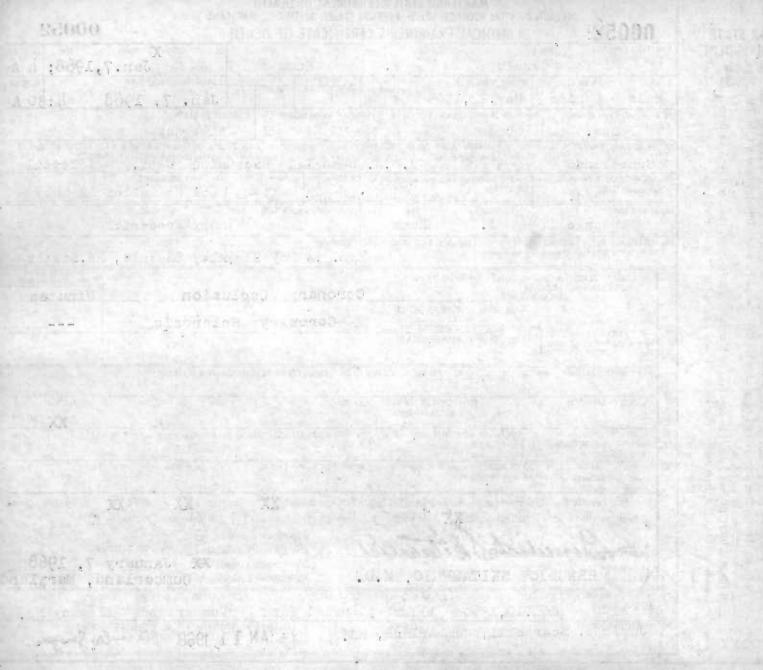
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MAKYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 00050 FOR STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH HEALTH DEPT. 1. DECEASED-NAME First 20. DATE KNOWN Month Day (Type or Print) OF ESTI-DEATH MATED Jan. 16 19686:30 · 5 ELLA KERNS 6. AGE (In years 4. RACE S. DATE OF BIRTH IF UNDER 24 HRS 3. SEX 2c DATE PRONOLINCED DEAD 2d. HOUR FEMALE DCT.26,1891 WHITE 19 686: 301 pages 1 and 2 with the State Depart 7a. BIRTHPLACE (State or foreign 7b. CITIZEN OF WHAT COUNTRY? MARRIED NEVER MARRIED 9. COUNTY OF DEATH country) W. VA. USA WIDOWED [ DIVORCED [ ALLEGANY pencil in Item 18. Give Pages 10. CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL OR INSTITUTION (If not in haspital 12a. USUAL OCCUPATION (Kind of work done 12b. KIND OF BUSINESS OR give street oddress)MEMORIAL HOSPITAL during most of working the event retired.) HOSPITAL Dept. CUMBERLAND 130. USUAL RESIDENCE (Where deceosed lived, if institution: Residence before 13c. CITY OR TOWN 13d. INSIDE CITY LIMITS? 13e. STREET AND NUMBER odmissian) STATE MD. 13b. COUNTY 35 FIFTH STREET CUMBERLAND ALLEGANY YES NO after 1S. MOTHER'S MAIDEN NAME 14. FATHER'S NAME Middle Middle Last JOHN KERNS MARY ANN REYNOLDS 24 hours 16g. WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO. 17 INFORMANT **ADDRESS** be executed within (Yes, no, or unknown) Mr. Earl Manges, Cumberland, Md.-Attorney File within 1B. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY Pneumonia, Bilateral days IMMEDIATE CAUSE (a) event DUF TO, OR AS A CONSEQUENCE OF burial-transit Conditions, if any, which gave rise to immediate cause (a). should writing the word DUE TO, OR AS A CONSEQUENCE OF stoting the underlying cause PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(g) Malnutrition, Arteriosclerotic Cardiovascular Disease 19a. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION 20. AUTOPSY? WAS PERFORMED? YES NO X please execute the certificate. 21g. EXTERNAL CAUSE WAS 21b. TIME OF INJURY Manth, Day, Year 21c. HOW INJURY OCCURRED (Enter nature of injury in Port 1 or Port 2, Item 18.) PRIMARY OR CONTRIBUTING CAUSE OF DEATH 21e. PLACE OF INJURY (At home, form, street, 21f. LOCATION Street or R.F.D. No. City or Town County State factory, affice building, etc.) WHILE AT WORK AT WORK Inspection A 220. I certify that I taak charge of the remains described above, held an Autopsy ... Inquiry ond in my opinion Natural causes X, Accident , death resulted fram: Suicide . Homicide Undetermined manner CHIEF MEDICAL EXAMINER ACTUAL ASSISTANT MEDICAL EXAMINER the funeral DEPUTY MEDICAL EXAMINER A January 16, 1968 TO FUN Health **EXAMINER'S** Benedict Skitarelic, M.D. ADDRESS(Street, city, town, or county) Cumberland. Md. NAME (Type) 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) 23a. BURIAL, CREMATION (County) St. Mary's Cemetery JAN.19.1968 Cumberland . Md. Allegany 1968 REGISTRAR'S SIGNATURE 250. REC'D BY REGISTRAR
JAN 2 3 24._ FUNERAL DIRECTOR James F. Scarpelli, Cumberland, Md. VR A15ME

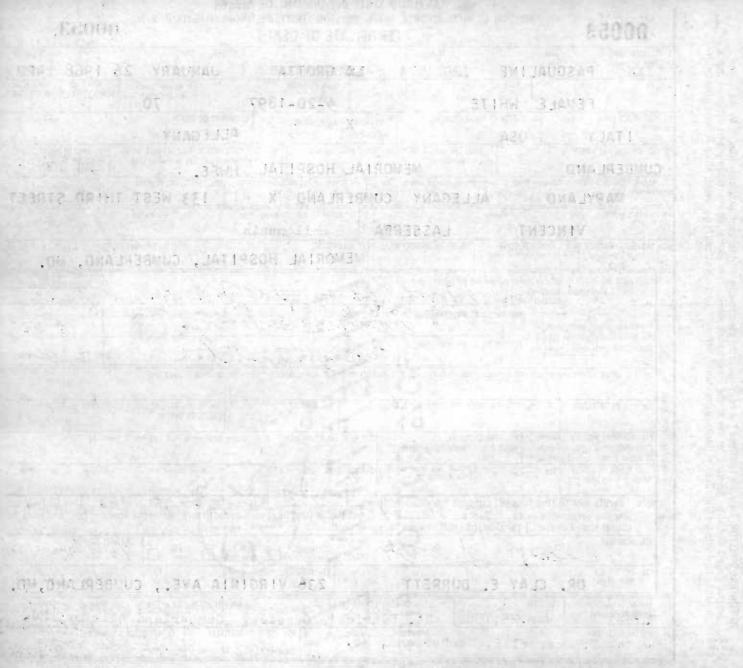


DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 00051 00051 CERTIFICATE OF DEATH 1. DECEASED-NAME First Middle last 2a. DATE OF DEATH 2b. HOUR requires that the death certificate be executed within 24 hours after death. (Type or print) Edna Kertesz Month Irene Jan 7088 A. M 3. SEX 4. RACE S. DATE OF BIRTH IF UNDER 1 YEAR IF UNDER 24 HRS. 6. AGE (In years lost birthday) DAYS HOURS White May 19, 1904 Female physician and campletely filled in by then please remave carban papers. Pagoval, and in any event, within 72 haurs 7b. CITIZEN OF WHAT COUNTRY? 7o. BIRTHPLACE (Stote or foreign 9. COUNTY OF DEATH 8. MARRIED NEVER MARRIED country) Md. U.S.A. WIDOWED F DIVORCED [ Allegany 10. CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL OR INSTITUTION (If not in haspital 12a. USUAL OCCUPATION (Kind of work done 12b. KIND OF BUSINESS OR give street address) ne during most of working life, even if retired.) INDUSTRY Restuarant Westernport 130. USUAL RESIDENCE (Where deceased lived, if institution: Residence before 13c. CITY OR TOWN 13e. STREET AND NUMBER 13d INSIDE CITY LIMITS? 13b. COUNTY 1 legany odmission) STATE Westernport Md. 430 Vine YES NO 14. FATHER'S NAME **First** Middle Lost 1S. MOTHER'S MAIDEN NAME First Middle Lulu Fazenbaker Seckman Calvin 16a. WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO. 17. INFORMANT Address Yes, na or unknown) 140-16-7280A Robert Kertesz Westernport, Md. APPROXIMATE INTERVAL 18. CAUSE OF DEATH (Enter only one couse per line for, (o), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) DUE TO, OR AS A CONSEQUENCE QU signed by the burial-transit p Conditions, if any, which gave ) rise to immediate cause (a). DUE TO, OR AS A CONSEQUENCE OF stating the underlying cause PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a) priar ta l the has been 19a. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING 20o. AUTOPSY? OS CAUSES OF DEATH? YES [ NO 🗆 TO FUNERAL DIRECTOR: After this certificate 21a. ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY 21c. HOW INJURY OCCURRED (Enter noture of injury in Part 1 or Part 2, Item 18.) be retained by the hospital OR CONTRIBUTING CAUSE OF DEATH HOUR A.M. Month Doy Year (If either, notify medical exominer) detached 21e. PLACE OF INJURY (AT HOME, FARM, STREET, FACTORY.) 21f. LOCATION Street or R.F.D. No. 21d. INJURY OCCURRED City or Town County Stote While Not while at wark State | 22a. I certify that (I) (this haspital) attended the deceased fram Vec 1, 19 (8, ta 1-13 saw the deceased alive an 1-13-17 19, and that in (my) (aur) apinion death accurred and that in (my) (aur) apinian death accurred an the date and haur and fram the directar, page 3 shauld shauld be filed with the causes stated abave, (1) (we) (did) (did nat) view the bady after death. 22b. SIGNATURE 22c. DATE SIGNED **ATTENDING** MED. DIRECTOR -15-6 DEGREE PHYS PHYSICIAN'S 22e. ADDRESS NAME (Type) James H. Wolverton Piedmont, W. Va. 23d. LOCATION (City or Town) 23b. DATE 23c. NAME OF CEMETERY OR CREMATORY 23a. BURIAL, CREMATION, (County) (State) REMOVAL (Spenify) 16/68 Westernport Philos Md. ADDRESS 2Sb. REGISTRAR'S SIGNATURE 2So. REC'D BY REGISTRAR VR A15 (4) Westernport, Md. 30M REV. 1/68





			MARYLAND STATE DEPARTMENT OF HEALTH
>	NA.		00053  DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH
1 =	-XE		1. DECEASED-NAME First Middle Lost 20. DATE OF DEATH 2b. HOL
de la	by the funeral Poges 1 and nours after death		TIENA PASQUALINE LAGRATTA KAXXGROXXXX JANUARY 206 1968 4PM
fer	fter fter		3. SEX 4. RACE 5. DATE OF BIRTH 6. AGE (In years lift under 1 YEAR if under 24 lost birthday) MONTHS QAYS HOURS 1
2 0	oge rs a		FEMALE WHITE \$\frac{4}{20-1897}\qquad 70 \qquad \qquad \qquad \qquad \qquad \qquad \qquad \qquad \qqqqq\qqqqqqqqqqqqqqqqqqqqqqqqqqqqqq
TO HOSPITAL OR ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 24 hours often death	and completely filled in by the funero remove carbon popers. Poges 1 onfo n ony event, within 72 hours after ded		70. BIRTHPLACE (State ar foreign country)  1 TALY  75. CITIZEN OF WHAT COUNTRY?  WIDOWED DIVORCED 99. COUNTY OF DEATH  WIDOWED DIVORCED DIVORCED
in 2.	pop pop nin /		10 CITY OF TOWN OF DEATH
with	completely filled in nove carbon popers. 1y event, within 72 h	50	CUMBERLAND  The American Companies of Working life, even if retired.)  WEMORIAL HOSPI TAL HWFE.  WEMORIAL HOSPI TAL HWFE.
peq	car car ent,		130. USUAL RESIDENCE (Where deceased lived, if institution: Residence before 13c. CITY OR TOWN 13d. INSIDE CITY LIMITS? 13d. STREET AND NUMBER
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9	and rem	1	14. FATHER'S NAME First Middle Lost IS. MOTHER'S MAIDEN NAME First Middle Lost  VINCENT LASSERRA Philomenia
te b	icion and complete lease remove carl ond in ony event,		IAN WAS DECEASED EVER IN ILS ARMED ENRIES? TIAL SOCIAL SECTION OF 17 INFORMANT Address
rifica			Yes, no, or unknown) (If yes give war or dottes of service) MEMORIAL HOSPITAL, CUMBERLAND, MD.
Cer	ling phys Then premoval,		1B. CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c).)  APPROXIMATE INTERVAL BETWEEN OWSET AND GEATH
eoth	permit.		PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Clearle Mysearchal Infanction Cicul
he d	perrian,		DUE TO, OR AS A CONSEQUENCE OF
ot to	nsit		Canditians, if ony, which gove rise to immediate cause (a), (b)
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quire	onys igne igne ourig	9	PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(0)
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Vol e	by rine nospital or orrenaing liter this certificate has been be detached for use os the State Dept. of Health prior to	V	196. DATE OF OPERATION 196. CONDITION FOR WHICH OPERATION WAS PERFORMED 20g. AUTOPSY?  YES NO 20g. ACCIDENT WAS UNDERLYING 21b. TIME OF INITIALY 221c. HOW INITIALY OCCURRED. (Enter nature of initial in Part 1 or Part 2 Item IR.)
Ę 5	e ho	/	YES NO CAUSES OF DEATH:  21a. ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY 21c. HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2, Item 1B.)
IAN	ficat for for fire		OR CONTRIBUTING CAUSE OF DEATH HOUR A.M. Month Doy Yeor
YSIC	certined hed		(If either, natify medical examiner)   P.M. 19   21d. INJURY OCCURRED   21e. PLACE OF INJURY (AT HOME, FARM, STREET, EACTORY, OFFICE BUILDING, ETC. While It is not while the Native place in the property of the public place in the public place i
£ 5	this letac		While Not while ot work of work
ING	fter fter be d		220. I certify that (I) (this haspital) attended the deceased from 20, 1965, to 1965, that (I) (we) sow the deceased alive an 20, 1965, and that in (my) (our) opinion death occurred an the date and hour and from
END	R: A uld the	-	sow the deceosed alive an
ATA	RECTOR: A 3 should with the		226. DATE SIGNATURE
8	L DIRE		Clery Lowrett DEGREE ATTENDING MED. STAFF   127/68
ITAL	Page 1	1	22d. PHYSICIAN'S NAME (Type) DR. CLAY E. DURRETT  22e. ADDRESS 236 VIRGINIA AVE., CUMBERLAND, MI
OSPI	Proge 4 may be retained by the hospital or ottending physicion.  O FUNERAL DIRECTOR: After this certificate has been signed by director, page 3 should be detached for use os the burial-transhould be filed with the State Dept. of Health prior to burial, cre-		230. BURIAL, CREMATION, 23b. DATE 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) (County) (Stote)
T 0	dire sho	8	Burial Specify Jan. 29, 1968 St. Patrick's Cemetery Cumberland Allegany Md.
-	=	4	24. FUNERAL DIRECTOR ADDRESS 250. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE
	VR A15 (- 30M REV. 1	/6B	James F. Scarpelli, Cumberland, Md.



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s after	275	3. SE	X FEMALE	4. RACE WHITE			S. DATE OF BI	RTH 1, 1910		6. AGE (In yeors last birthday)  77  YRS.		HOURS MIN.
4 haur	illed in by papers. P nin 72 hau	SOUR	RIRTHPLACE (State or foreign	7b. CITIZEN OF WHAT CO		WIDOWED		RIED	9. COUNTY OF I	EGANY		Md.
within 2	campletely filled ave carban pape y event, within 7	F	TROSTBURG	give street		PITAL				Kind of work dane fe, even if retired.)	12b. KIND OF B INDUSTRY OWN	
ecuted	remave carban rany event, with	13o. admi	USUAL RESIDENCE (Where decease ssian) STATE MD.		esidence before EGANY	13c. CITY OF		YES NO	MITS? 13e. STRI	EET AND NUMBER		
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rtificate	ohysicia en plea: ival, an		WAS DECEASED EVER IN U.S. ARM es, na, ar unknown) (If yes give w	1	SOCIAL SECURITY P		RS. SHE	ILA HAI	NERICH,	Address ECKHART,		ATE INTERVAL
PHYSICIAN: The law requires that the death certificate be executed within 24 haurs after death.	the attending Isit permit. If matian, or rem		18. CAUSE OF DEATH (Enter only PART I. DEATH WAS CAUSED IMMEDIA Conditions, if any, which gave rise to immediate cause (a), stating the underlying couse lost.	D BY: TE CAUSE (a) A CO DUE TO, OR AS A CO	ONSEQUENCE OF		RALP	NEUL	10xit	15	BETWEEN DN:	SET AND DEATH
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OR ATTENDING	RAL DIRECTOR: After this certification of the standard of the		22a. I certify that (I) (thi saw the deceased al causes stated abave	is haspital) attended live an Archive, (I) (we) (did) (did)	d the decease  10 l  nat) view the	ed fram_ø 9 <u>4</u> <del>2</del> , an bady after	d that in (m death.	y) (aur) api	nian death a			(I) (we) last and fram the
ITAL OR A	AL DIRECT Page 3 sh		22b. SIGNATURE Paige  22d. PHYSICIAN'S NAME (Type)  A	Atron PAIGE STR	ONG. M.	D. DEG	ATTENDIN PHYS. 22e. ADD	RESS	IED. IRECTOR   ATM ST		DATE SIGNED  AH III	July 1
TO HOSPITAL	director,	23a.	BURIAL, CREMATION, 23b. D		23c. NAME OF ECKHAL	CEMETERY OF		200 120	23d. LOCATION	(City or Town)	(Caunty)	(State)
24	VR ALLIAN 30M REVI V 68		FUNERAL DIRECTOR JOSEPH R. DURS		ADDRESS			2Sa. REC'D B'	Y REGISTRAR	2Sb. REGISTRAR'S	SIGNATURE Que	dgt.

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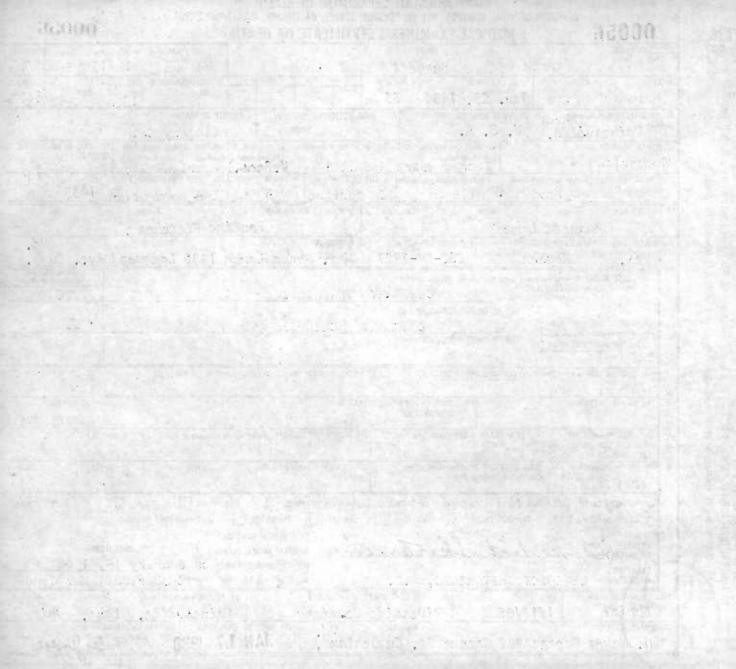
DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 00055 MEDICAL EXAMINER'S CERTIFICATE OF DEATH HEALTH DEPT. I. DECEASED-NAME First Middle 2a. DATE KNOWN Manth Year (Type or Print) DEATH MATED JAN. 7.1968-2:404 William A. Lange IF UNDER 1 YEAR 4. RACE 6. AGE (in years last birthday) IF UNDER 24 HRS. 2c. DATE PRONOUNCED DEAD 3. SEX 5. DATE OF BIRTH Male White July 2, 1918 49 7b. CITIZEN OF WHAT COUNTRY? 7a. BIRTHPLACE (State or foreign MARRIED NEVER MARRIED 9 COUNTY OF DEATH (quntry) Maryland farm DIVORCED U. S. A. WIDOWED | Allegany 1 and 2 with the State 12a. USUAL OCCUPATION (Kind of work done 10. CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL OR INSTITUTION (If not in haspital 12b. KIND OF BUSINESS OR give street address)
Memorial Hospital during most of working life, even if retired.)
Bakery Emp.Loyee INDUSTRY Bakery Cumberland alang 130. USUAL RESIDENCE (Where deceased lived, if institution: Residence before 13c. CITY OR TOWN 13d. INSIDE CITY LIMITS? death. 13e. STREET AND NUMBER 13b. COUNTY Allegany Cumberland 418 Bond St. Office after 14. FATHER'S NAME Middle Lost IS. MOTHER'S MAIDEN NAME Middle Annabelle ManHel Ralph Lange haurs pages 16b. SOCIAL SECURITY NO. 160. WAS DECEASED EVER IN U.S. ARMED FORCES? 17. INFORMANT ADDRESS (Yes, no, or unknown) (If was give wor or dates of service) Cumberland Ralph Lange File Ves. APPROXIMATE INTERVAL within CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)
 PART I. DEATH WAS CAUSED BY: BETWEEN ONSET AND DEATH Lobar Pneumonia, Bilateral 1-5 Davs IMMEDIATE CAUSE (a)_ event DUE TO, OR AS A CONSEQUENCE OF burial-transit Conditions, if any, which gave rise to immediate couse (a), certificate should writing the ward DUE TO, OR AS A CONSEQUENCE OF stating the underlying cause = PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(g) 0 Emphysema, very marked. EPILEPSY 19b. CONDITION FOR WHICH OPERATION 20. AUTOPSY? 19n DATE OF OPERATION WAS PERFORMED? YES X NO 🗆 execute the certificate. pe 21g. EXTERNAL CAUSE WAS 21b. TIME OF INJURY Month, Day, Year 21c. HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2, Item 18.) 3 shauld HOUR A M PRIMARY OR CONTRIBUTING CAUSE OF DEATH 21d. INJURY OCCURRED 21e. PLACE OF INJURY (At home, form, street, 21f. LOCATION Street or R.F.D. Na. City or Town County State factory, affice building, etc.) WHILE AT WORK AT WORK 22a. I certify that I taak charge of the remains described obove, held an Autopsy X Inspection X. Inquiry X and in my opinian death resulted fram: Natural causes XX. Accident . Suicide . Homicide Undetermined manner CHIEF MEDICAL EXAMINER 22b. DATE SIGNED ASSISTANT MEDICAL EXAMINER DEPUTY MEDICAL EXAMINER Hanuary 7, 1968 **EXAMINER'S** 5 may ro FUNE Health SKITARELIC. M.D. ADDRESS(Street, city, town, or co cumberland, Maryland NAME (Type) 23g. BURIAL, CREMATION, 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) (County) (State) REMOVAL (Specify) Rose Hill Cemetery Cumberland Allegany Md

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MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 00056 00056MEDICAL EXAMINER'S CERTIFICATE OF DEATH 1. DECEASED-NAME First Middle 20. DATE KNOWN Month 2b. HOUR (Type or Print) ESTI-0F Jack Burnott Lanum DEATH MATED IF UNDER 24 HRS 6. AGE (In years IF UNDER 1 YEAR 3. SEX 4. RACE S. DATE OF BIRTH 2c. DATE PRONOUNCED DEAD 2d. HOUR State Department 33 vo Month Jan. 29. Male 1934 YRS 7b. CITIZEN OF WHAT COUNTRY? 7o. BIRTHPLACE (Stote or foreign MARRIED NEVER MARRIED 9. COUNTY OF DEATH Office olong with form U. S. A. WIDOWED [ DIVORCED [ Allegany 8. Give Poges 11. NAME OF HOSPITAL OR INSTITUTION (If not in hospital ID. CITY OR TOWN OF DEATH 12a. USUAL OCCUPATION (Kind of work done 12b. KIND OF BUSINESS OR during most of working life, even if retired.) INDUSTRY give street oddress) the Cumber land res-Cumberland Stee death. 130. USUAL RESIDENCE (Where deceosed lived, if institution: Residence before 13c. CITY OR TOWN 13d. INSIDE CITY LIMITS? 13e. STREET AND NUMBER l and 2 with admission) STATE Mary 1 and 13b. COUNTY Allegany 1033 Cumber 1 and YES NO Longwood Drive after 1S. MOTHER'S MAIDEN NAME First Middle 14. FATHER'S NAME First Middle Lost Lost Pauline Fletcher Burnett Lanum Examiner's poges hours .⊑ 160. WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO. 17. INFORMANT Md. (Yes no or unknown) 282-30-7929 Wis Donna Lanion 1033 Longwood Ave. within be executed 18. CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c).) BETWEEN ONSET AND DEATH word "pending" in the Chief Medical PART I. DEATH WAS CAUSED BY: CORONARY THROMBOSIS IMMEDIATE CAUSE (o)_ event DUE TO, OR AS A CONSEQUENCE OF burial-transit Conditions, if ony, which gove CORONARY SCLEROSIS rise to immediate couse (o), certificate should DUE TO, OR AS A CONSEQUENCE OF stoting the underlying couse .⊆ farwarded to PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a) 00 removal, 190. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION 2D. AUTOPSY? WAS PERFORMED? YES X NO T certificote, 21o. EXTERNAL CAUSE WAS 21b. TIME OF INJURY Month, Dov. Yeor 21c. HOW INJURY OCCURRED (Enter noture of injury in Port 1 or Port 2, Item 18.) 3 should should HOUR A.M. PRIMARY OR CONTRIBUTING cremotian, CAUSE OF DEATH 21d. INJURY OCCURRED 21e. PLACE OF INJURY (At home, form, street, 21f. LOCATION Street or R.F.D. No. City or Town County Stote foctory, office building, etc.) WHILE AT WORK AT WORK 22a. I certify that I taak charge of the remains described above, held an Autapsy X, Inspection . Inquiry X and in my apinian Natural causes X, Accident , Suicide , death resulted fram: Hamicide | Undetermined manner CHIEF MEDICAL EXAMINER ACTUAL 22b. DATE SIGNED ASSISTANT MEDICAL EXAMINER SIGNATURE) DEPUTY MEDICAL EXAMINER X January 15, 1968 **EXAMINER'S** ADDRESS(Street, city, town, or county umberland, Maryland BENEDICT SKITARELIC. M.D. NAME (Type) 23a. BURIAL, CREMATION, 23b. DATE 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) (Stote) (County) 1/18/68 Riverside Cemeteru Painesville Ohio ADDRESS 2So. REC'D BY REGISTRAR 2Sb. REGISTRAR'S SIGNATURE 24. FUNERAL DIRECTOR

H. Wayne George 202 Greene St. Cumberland.

VR AT5ME (5) 10M REV. T/68 DATE JAN 17 1968 Acharle



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	rsic spil spil serti hed t. of		MEDICAL	(If either, notify medical e 21d. INJURY OCCURRED		ACE OF INJUR	M.  PY AT HOME FARM STR	EET, FACTORY, \ 2	If I OCATION Street or P.F.D.	No City	ar Tawn	Caunty	State
	<b>OR ATTENDING PHYSICIAN:</b> The low requires that the deoth certificate be executed within 24 hours after death. The retained by the hospital or ottending physicion.  **IRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages I and 2 ad with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours after death.			While Nat while at work	210. 70	ACE OF MISSI	OFFICE BUILDING, ET	. )	1f. LOCATION Street or R.F.D.	no. chy	di ruwii	caumy	31010
	NG the ter ter ter to te do to te	2		22a. I certify that (1)	) (this	haspital) (	attended the de	ceased fron	1	58 , ta_	1/9 ,19	68 , that 1	(I) (we) last
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	ERA I be	-		NAME (Type) DR.	S.	G. V	VEISMAN		59 GREE	NE ST.,	CUMBERL	AND, MI	0.
	TO HOSPITAL OR ATTENDING PHYSICIAN: The low requires the Page 4 may be retained by the hospital or ottending physicion.  TO FUNERAL DIRECTOR: After this certificate has been signed by director, page 3 should be detached for use as the buriol-transhould be filed with the State Dept. of Health prior to burial, crea				23b. DAT			NE OF CEMETER	Y OR CREMATORY	23d. LOCATIO	ON (City or Town)	(County)	(State)
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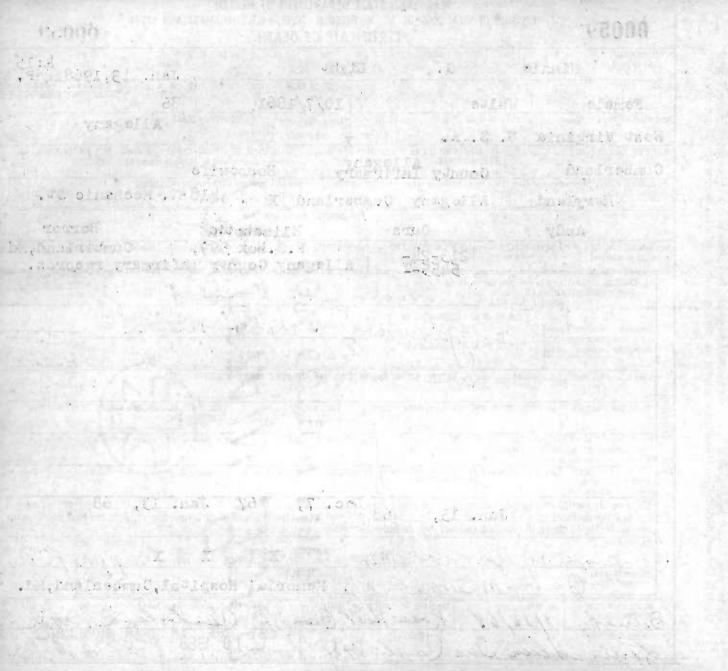
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MARYLAND STATE DEPARTMENT OF HEALTH 00058 DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 00058 CERTIFICATE OF DEATH Last 2a. DATE OF DEATH 1. DECEASED-NAME Middle 2b. HOUR requires that the death certificate be executed within 24 haurs after death JAN. Month 26 Doy death (Type or print) MARTHA LEWIS M. IF UNDER 1 YEAR IF UNDER 24 HRS. 3. SEX 4. RACE S. DATE OF BIRTH 6. AGE (In years last birthday) HOURS FEMALE WHITE JUNE 15, 1889 9. COUNTY OF DEATH 7b. CITIZEN OF WHAT COUNTRY? 7o. BIRTHPLACE (Stote or foreign B. MARRIED NEVER MARRIED MARYLAND U.S.A. WIDOWED DIVORCED ALLEGANY ban pap within 10. CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL OR INSTITUTION (If nat in haspital 12a. USUAL OCCUPATION (Kind of work dane 12b. KIND OF BUSINESS OR during most of warking life, even if retired.)
HOUSE WORK give street oddress) INDUSTRY FROSTBURG MINERS HOSPITAL OWN HOME event, 13e. STREET AND NUMBER 130. USUAL RESIDENCE (Where deceased lived, if institution: Residence before 13c. CITY OR TOWN 13d. INSIDE CITY LIMITS? 13b. COUNTY admission) STATEARYTAND ALLEGANY FROSTBURG YEST NO 116 ORMOND ST. removal, and in any Middle 14. FATHER'S NAME First Middle Lost 1S. MOTHER'S MAIDEN NAME First GEORGE COOK MARTHA MEYRICK physician 16g, WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO. 17. INFORMANT Address (If yes give war or dates of service) Yes, no, or unknown) 216-10-1325 OLIVER G. LEWIS, FROSTBURG, MD. 21532 1B. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART 1. DEATH WAS CAUSED BY. IMMEDIATE CAUSE (a) burial, crematian, or DUE TO, OR AS A CONSEQUENCE OF Conditions, if ony, which gave ) rise to immediate cause (a), DUE TO, OR AS A CONSPQUENCE OF signed by stating the underlying couse PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DEEASE OR CONDITION GIVEN IN PART 1(a) 20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING 19a, DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 20a. AUTOPSY? CAUSES OF DEATH? YES 🗀 NO 🔽 O FUNERAL DIRECTOR: After this certificate 21a. ACCIDENT WAS UNDERLYING 21c. HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2, Item 18.) 21b. TIME OF INJURY OR CONTRIBUTING CAUSE OF DEATH HOUR A.M. Manth Doy Year be detached for State Dept. of H P.M. (If either, natify medical exominer) 21d. INJURY OCCURRED 21e. PLACE OF INJURY (AT HOME, FARM, STREET, FACTORY.) 21f. LOCATION Street or R.F.D. No. City or Town County State While Not while at wark 22a. I certify that (I) (this hespital) attended the deceased from 1 - 18 , 19 68, to 1 - 26 , 19 68, that (I) (we) last saw the deceased alive an 1 - 26 19 68, and that in (my) (our) apinian death accurred an the date and haur and from the director, page 3 shauld should be filed with the causes stated abave, (1) (we) (did) (did net) view the bady after death. 22c. DATE SIGNED 22b. SIGNATURE ATTENDING MED.
DIRECTOR DEGREE PHYS. 22e. ADDRESS 22d. PHYSICIAN'S 39 W. MAIN ST., FROSTBURG, MD. H. C. DIEHL, M. D. NAME (Type) 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) 23b. DATE (County) (Stote) 23o. BURIAL, CREMATION, BREMOVAL (Specify) FBG. MEMORIAL PARK FROSTBURG. MD. 1968 2Sb. REGISTRAR'S SIGNATURE 2So. REC'D BY REGISTRAR ADDRESS 24. FUNERAL DIRECTOR JOSEPH R. DURST. SR., FROSTBURG. MD. 21532 30M REV. 1/68 Oliona, Judge JAN 2

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MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 00059 00059 CERTIFICATE OF DEATH Middle DECEASED-NAME First 20. DATE OF DEATH transit permit. Then please remove carbon papers. Pages Fond 2 crematian, or removal, and in any event, within 72 hours after death. (Type or print) Minnie Light Month G. 1968 3. SEX 4. RACE S. DATE OF BIRTH 6. AGE (In years los birthdoy) MONTHS Female White 10/7/1881 requires that the death certificate be executed within 24 haurs 9. COUNTY OF DEATH 7o. BIRTHPLACE (State or foreign 7b. CITIZEN OF WHAT COUNTRY? MARRIED NEVER MARRIED Allegany completely filled in west Virginia U. S. A. DIVORCED [ WIDOWED -10. CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL OR INSTITUTION (If not in hospital 12o. USUAL OCCUPATION (Kind of work done 12b. KIND OF BUSINESS OR Gounty In during most of working life, even if retired.)
Housewife Cumberland 13o. USUAL RESIDENCE (Where deceosed lived, if institution: Residence before 13e. STREET AND NUMBER
418 N. Mechanic St. 13c. CITY OR TOWN admission) STATE Maryland 13b. COUNTY. YES T lleganv Cumberland 14. FATHER'S NAME First Middle Lost 15. MOTHER'S MAIDEN NAME First Middle Lost Borror Andy Ours Elizabetha Addres Cumberland . Md 160. WAS DECEASED EVER IN U.S. ARMED FORCES? SOCIAL SECURITY NO. 17. INFORMANT P.O. Box 599. Yes, no. or unknown) Allegany County Infirmary records 18. CAUSE OF DEATH (Enter only one couse per line, for (o), (b), ond (c).)
PART I. DEATH WAS CAUSED BY: BETWEEN ONSET AND DEATH IMMEDIATE CAUSE (o DUE TO, OR AS A CONSEQUENCE OF signed by the burial-tronsit p Conditions, if ony, which gove ) rise to immediate couse (a). DUE TO. OR AS A CONSEQUENCE OF stoting the underlying couse PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(6) Poge 4 may be retained by the haspital or ottending director, page 3 should be detached for use as the should be filed with the State Dept. of Health prior to 20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING 190. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 20o. AUTOPSY? hos CALISES OF DEATH? NO 🗀 YES [ O FUNERAL DIRECTOR: After this certificate 21o. ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY 21c. HOW INJURY OCCURRED (Enter noture of injury in Port 1 or Port 2, Item 18.) OR CONTRIBUTING CAUSE OF DEATH HOUR A.M. Month Dov Year (If either, notify medical examiner) P.M 21d INILIRY OCCURRED 21e. PLACE OF INJURY ( AT HOME, FARM, STREET, FACTORY, ) 21f. LOCATION Street or R.F.D. No. City or Town Stote County While Not while of work 220. I certify that (I) (this hospital) ottended the deceased from Dec. osed from Dec. 7, , 19.67, to Jan. 13, 19.68, that (I) (we) lost 19.68, and that in (my) (our) opinion death occurred on the date and hour and from the rauses stated above, (I) (we) (did) (did not) view the body after death 22b. SIGNATURE 22c. DATE SIGNED **ATTENDING** MED. DIRECTOR STAFF PHYS. PHYS 22e. ADDRESS 22d PHYSICIAN'S NAME (Type) Memorial Hospital. Cumberland. Md. 23o. BURIAL, CREMATION 23b. DATE (County) 24. FUNERAL DIRECTOR 250. REC'D BY REGISTRAR

VR A15 (4) 30M REV. 1/68



DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 00060 00060 CERTIFICATE OF DEATH 1. DECEASED-NAME Middle Last 2g. DATE OF DEATH (Type or print) Bernstein Anna Lipson January S. DATE OF BIRTH 3. SEX 4 RACE 6. AGE (In years IF UNDER 1 YEAR Female White last birthdoy) July 4. hours 9. COUNTY OF DEATH 7o. BIRTHPLACE (State or foreign 7b. CITIZEN OF WHAT COUNTRY? 8. MARRIED T NEVER MARRIED country) Allegany Maryland U. S. A. WIDOWED X DIVORCED [7] 24 10. CITY OR TOWN OF DEATH burial, cremation, or removol, and in any event, within 11. NAME OF HOSPITAL OR INSTITUTION (If not in hospital 12a. USUAL OCCUPATION (Kind of work done 12b. KIND OF BUSINESS OR requires that the death certificate be executed within allegany during mast of warking life, even if retired.)
Housewife INDUSTRY remove carbon Cumberland Infirmary 130. USUAL RESIDENCE (Where deceased lived, if institution: Residence before 13c. CITY OR TOWN 13e. STREET AND NUMBER 13b. COUNTY 787 Fayette Street llegany Maryland 14. FATHER'S NAME First Middle Lost IS. MOTHER'S MAIDEN NAME First Morris Bernstein Mollie Mendelson 16g, WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO 17. INFORMANT P. O. Box 599. Addres umberland, Md. Yes, no, or unknown) County Infirmary records. Allegany none 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (a) DUE TO, OR AS A CONSEQUENCE signed by the buriol-transit p Conditions, if ony, which gave ) rise to immediate couse (a). DUE TO, OR AS A CONSEQUENCE OF stating the underlying cause PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PARTY director, page 3 shauld be detached for use as the should be filed with the State Dept. of Health prior to hos been 196 CONDITION FOR WHICH OPERATION WAS PERFORMED 20b. IP YES, WERE FINDINGS CONSIDERED IN CERTIFYING 20a. AUTOPSY? CAUSES OF DEATH? YES 🗍 NO 🗍 O FUNERAL DIRECTOR: After this certificate director, page 3 shauld be detached for us 21o. ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY 21c. HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Port 2, Item 18.) OR CONTRIBUTING CAUSE OF DEATH HOUR A.M. (If either, natify medical examiner) P.M. 21d. INJURY OCCURRED 21e. PLACE OF INJURY (AT HOME, FARM, STREET, FACTORY.) 21f. LOCATION Street or R.F.D. No. City or Town State County While Nat while of work 220. I certify that (!) (this hospital) attended the deceased from Jan. 30., 19.61., to Jan. 25., 19.68., that (I) (we) last saw the deceased alive and an 21. 19.68, and that in (my) (our) opinion death occurred on the date and hour and from the couses stated obove, (1) (we) (did) (did not) view the bady ofter death. 22c. DATE SIGNED 22b. SIGNATUR ATTENDING PHYS. MED.
DIRECTOR 22e, ADDRESS Memorial Hospital, Cumberland, Md. 22d. PHYSICIAN'S NAME (Type 23b. DATE 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) (County) (State) 23a. BURIAL, CREMATION BENOVAL (Specify) 26,1968 East View Cemetery Cumberland Allegany Md. Scarpelli, Cumberland, Md. 2So. REC'D BY REGISTRAR 2Sb. REGISTRAR'S SIGNATURE VR A15 (4) worlen 30M REV. 1/68

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	de d		ECEASED-NAME First ype ar print)	Middle FRA	NKLIN	Last LOHR	2o. DATE OF	DEATH JAN	D22	<b>168</b>	2b. HOUR
	ages from	3. SI	MALE	4. RACE WHITE		S. DATE OF BIRTH		6. AGE (In years last birthday)	/RS.		IF UNDER 24 HRS. HOURS MIN
	4 hours l in by pers. Po 72 hour	7a. l	BIRTHPLACE (State ar fareign http://www.maryland	7b. CITIZEN OF WHAT COUNTRY?	8. MARRIED [ WIDOWED [	NEVER MARRIED DIVORCED	9. COUNTY OF	DEATH LEGANY			Md
	equires that the death certificate be executed within 24 hours are death physicion. signed by the ottending physician and completely filled in by the funeraburial-transit permit. Then please remave carbon papers. Pages 1 and buriol, cremation, or removal, and in any event, within 72 hours after death buriol, cremation.	10. (	ITY OR TOWN OF DEATH  CUMBERLAND	11. NAME OF HOSPITAL OR give street address)  MEMORIA		during m	AL OCCUPATION OST OF WORKING	(Kind af wark do ife, even if retire	d.) IN	L KIND OF B DUSTRY ARMII	BUSINESS OR
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	be exe	14.	FATHER'S NAME ALFORD	Middle Last	R 15.	MOTHER'S MAIDEN NAME F	USAN	₩ ₩ ₩	Ð	0 **	BRIEN
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	by the hospital or ottending physician.  By the hospital or ottending physician.  Start this certificate has been signed by the ottending physician and completely filled in by the detached for use as the burial-transit permit. Then please remave carbon papers. Pastate Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours	CERTIFICATION		ONDITION FOR WHICH OPERATION WAS		20o. AUTOPSY? YESX NO	20b. IF	YES, WERE FINDIN OF DEATH?	GS CONSIDE		RTIFYING
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	TAL OR Day be AL DIR poge 3		22d. PRYSICIAN'S NAME (Type) DR.	THOMAS F. LUSE	<b>Y</b> DEGR	EE PHYS.	VALE.	PHYS.	1/2	4/6	8
	Fage 4 may be retained by the hospital or O FUNERAL DIRECTOR: After this certificate director, page 3 should be detached for us should be filed with the State Dept. of Healt	23a.	BURIAL, CREMATION, 23b. D.	ATE 23c. NAME C	F CEMETERY OR	CREMATORY	23d. LOCATIO	N (City or Town)		unty)	(State)
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MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 00062 00062 CERTIFICATE OF DEATH DECFASED-NAME Middle 20 DATE OF DEATH First Lost 2b. HOUR death. LOVE (Type or print) ROBERT JANUARY 4. RACE 3. SEX 5. DATE OF BIRTH IF UNDER I YEAR 6. AGE (In years after WHITE MALE lost birthday) DAYS HOURS 8-25-1874 24 hours campletely filled in by 7o. BIRTHPLACE (State or foreign 7b. CITIZEN OF WHAT COUNTRY? 9. COUNTY OF DEATH 8. MARRIED [7] NEVER MARRIED ban papers. within 72 ha SCOTLAND ALLEGANY U.S.A. WIDOWED IX DIVORCED [ within ? 10. CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL OR INSTITUTION (If not in hospital 12a. USUAL OCCUPATION (Kind of work done 12b. KIND OF BUSINESS OR during most of working life every fretired.) INDUSTRY CUMBERLAND. MD. burial, crematian, ar remaval, and in any event, 13o. USUAL RESIDENCE (Where deceosed lived, if institution: Residence before 13c, CITY OR TOWN 13d INSIDE CITY LIMITS? 13e. STREET AND NUMBER requires that the death certificate be executed odmission) STATE 13h COUNTY YES NO MOOREFIELD 14. FATHER'S NAME Middle Lost 15. MOTHER'S MAIDEN NAME First Middle Lost WALTER GEMIN HUGH LOVE 160. WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO. 17. INFORMANT Address Yes, no. or unknown) CUMBERLAND. MEMORIAL HOSPITAL. 1B. CAUSE OF DEATH (Enter only one couse per line for (o), (b), ond (c).)
PART 1. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o' DUE TO. OR AS A GONSEQUENCE OF Conditions, if ony, which gove: burial-transit rise to immediate couse (a). signed by 1 DUE TO, OR AS A CONSEQUENCE OF stoting the underlying couse last. PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART A(o) as the State Dept. of Health priar ta 190. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 20o. AUTOPSY? 20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? NO Z use YES [ 21o. ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY 21c. HOW INJURY OCCURRED (Enter noture of injury in Port 1 or Port 2, Item 18.) OR CONTRIBUTING CAUSE OF DEATH HOUR A.M. Month Doy Year (If either, notify medical examiner) detached ( AT HOME, FARM, STREET, FACTORY.) 21f. LOCATION Street or R.F.D. No. OFFICE BUILDING, ETC. 21d. INJURY OCCURRED 21e. PLACE OF INJURY City or Town County State While Not while at work O FUNERAL DIRECTOR: After 22a. I certify that (1) (this haspital) attended the deceased fram 30 kee. , 19 67. pe sow the deceased alive on & 160 68 19 _, and that in (my) (aur) apinion death accurred on the date and have and fram the director, page 3 shauld shauld be filed with the couses stated above, (1) (we) (did) (did not) view the body ofter death. 22b. SIGNATURE 22c. DATE SIGNED ATTENDING STAFF DEGREE DIRECTOR PHYS. 22d. PHYSICIAN'S 22e. ADDRESS DR. W. A. VAN ORMER 122 CENTRE ST. CUMBERLAND, MD. 23d. LOCATION (City or Town) 230. BURIAL, CREMATION 23b. DATE 23c. NAME OF CEMETERY OR CREMATORY REMOVAL (Specify ADDRESS 24. FUNERAL DIRECTOR VR A15 (4) Ochonicai 30M REV. 1/68 DATE JAN

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DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 00068 00063 CERTIFICATE OF DEATH Middle Lost DECEASED-NAME First 2g. DATE OF OEATH requires that the death certificate be executed within 24 hours after death. signed by the ottending physician ond completely filled in by the funeral buriol-tronsit permit. Then pleose remove carbon papers. Poges I and burial, cremation, or removol, and in any event, within 72 hours after defit (Type or print) VIRGIL LOWERY JAN n 3. SEX 4. RACE S. DATE OF BIRTH 6. AGE (In years IF UNDER 1 YEAR last birthday) OAYS MALE WHITE 6-19-07 YRS 7b. CITIZEN OF WHAT COUNTRY? 9. COUNTY OF DEATH 7a. BIRTHPLACE (State ar fareign 8. MARRIED X NEVER MARRIED U.S.A. PENNA. ALLEGANT COUNTY WIDOWED | DIVORCED [ 11. NAME OF HOSPITAL OR INSTITUTION (If not in hospital 120. USUAL OCCUPATION (Kind of work done 10. CITY OR TOWN OF DEATH 12b. KIND OF BUSINESS OR during most of warking life, even if retired.)

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INSIGE CITY LIMITS? 13e. STREET AND NUMBER INDUSTRY CUMBERLAND MOSPITAL Texttiles 13a. USUAL RESIDENCE (Where deceased lived, if institution: Residence before 13C CITY OR TOWN 13d, INSIDE CITY LIMITS? 13b. COUNTY EDFORD NO E YES HYNDMAN RXXXXX RT. Middle 14. FATHER'S NAME First Middle Last 1S. MOTHER'S MAIDEN NAME First ANNIE CLITES NOAH LOWERY Address CUMBERLAND, MD. 16a. WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO 17. INFORMANT Yes, no, or unknown) MEMORIAL HOSPITAL 214-07-1947 APPROXIMATE INTERVAL 1B. CAUSE OF DEATH (Enter anly one couse per line far (a), (b), and (c).) PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (a) DUE TO, OR AS A CONSEQUENCE?OF Canditions, if any, which gave rise to immediate couse (o), DUE TO, OR AS A CONSEQUENCE OF stating the underlying cause Page 4 moy be retained by the hospital or ottending physician. PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a) has been director, page 3 should be detached for use as the should be filed with the State Dept. of Health prior to 19a, DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING 20a. AUTOPSY? CAUSES OF DEATH? YES X NO I TO FUNERAL DIRECTOR: After this certificate 21a. ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY 21c. HOW INJURY OCCURRED (Enter noture of injury in Part 1 or Part 2, Item 1B.) OR CONTRIBUTING CAUSE OF OEATH (If either, notify medical examiner) HOUR A.M. Month Dov Yeor (AT HOME, FARM, STREET, FACTORY.) 21f. LOCATION Street or R.F.D. No. 21d. INJURY OCCURRED 21e. PLACE OF INJURY City or Town State County While Nat while at work 22a. I certify that (I) (this haspital) attended the deceased from-. 1960, ta 1968, and that in (ny) (aur) apinian death accurred on the date and have and fram the saw the deceased alive an... causes stated abave, (I) (we) (did) (did nat) New the bady after death. 22c. DATE SIGNED 22b. SIGNATURE ATTENDING DEGREE PHYS. DIRECTOR 22e. ADDRESS CUMBERLAND, 22d. PHYSICIAN'S HIMMLER MD. NAME (Type) 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) 23a. BURIAL, CREMATION, 23b. DATE (County) (State) BYOYAL Specify) Jan. 12. 1968 Porter Cemetery Hyndman, Pa. 2So. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE 24. FUNERAL DIRECTOR VR A15 (4) 5 30M REV. 1/68 H arvey H. Zeigler, Hyndman, Pa.

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DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 00065 00065 CERTIFICATE OF DEATH DECEASED-NAME First Middle Lost 2o. DATE OF DEATH 2b. HOUR deoth. (Type or print) MANGUS MXK LEWIS G 3. SEX 4. RACE 6. AGE (In years 1F UNDER 1 YEAR S. DATE OF BIRTH IF UNDER 24 HRS. ofter lost Sithdoy) HOURS WHITE 3-17-87 MALE PHYSICIAN: The law requires that the death certificate be executed within 24 hours the attending physician and completely filled in by sit permit. Then please remove corbon popers. P 7a. BIRTHPLACE (State or foreign 9. COUNTY OF DEATH 7b. CITIZEN OF WHAT COUNTRY? 8. MARRIED NEVER MARRIED "GARRETT, PA. ALLEGANY U.S.A. DIVORCED [ burial, cremotian, or removal, and in any event, within 10. CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL OR INSTITUTION (If not in hospital 12o. USUAL OCCUPATION (Kind of work done 12b. KIND OF BUSINESS OR during most of working life, even if retired.) **INDUSTRY** CUMBERLAND HOSPITAL 13o. USUAL RESIDENCE (Where deceased lived, if institution; Residence before 13c. CITY OR TOWN 13d. INSIDE CITY LIMITS? 13e. STREET AND NUMBER odmission) STATE 13b. COUNTY YESC NO DFORD HYNDMAN 14. FATHER'S NAME First Middle Lost . IS. MOTHER'S MAIDEN NAME First Middle BARBARA GRANT MANGUS Spangler 16b. SOCIAL SECURITY NO 17. INFORMANT 16g. WAS DECEASED EVER IN U.S. ARMED FORCES? Address Yes, no, or unknown) (If yes give war or dates of service) HOSPITAL CUMBERLAND. MD. MEMORIAL. 705-09-90 18. CAUSE OF DEATH (Enter only one couse per line for (a), (b), ond (c).)
PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o) DUE TO, OR AS A CONSEQUENCE OF signed by the burial-transit p Conditions, if ony, which gove ) rise to immediate couse (o). DUE TO, OR AS A CONSEQUENCE OF Page 4 moy be retoined by the hospitol or attending physician. stoting the underlying couse CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART O FUNERAL DIRECTOR: After this certificate hos been director, page 3 should be detached for use as the should be filed with the State Dept. of Health prior to 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 20o. AUTOPSY? 20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? YES 🗍 NO 🗍 210. ACCIDENT WAS UNDERLYING 21c. HOW INJURY OCCURRED (Enter noture of injury in Port 1 or Port 2, Item 18.) 21b. TIME OF INJURY OR CONTRIBUTING CAUSE OF DEATH HOUR A.M. Month Doy Year P.M. (If either, notify medical examiner) (AT HOME, FARM, STREET, FACTORY,) 21f. LOCATION Street or R.F.D. No. 21d. INJURY OCCURRED 21e. PLACE OF INJURY Stote County While Not while at work 22a. I certify that (I) (this haspital) attended the deceased from 19 00, ta 19 00, and that in (my) (aur) apinian death accurred an the date and haur and from the causes stated abave ((1)) (we) (did) (did nat) view the bady after death. 22b. SIGNATUR 22c. DATE SIGNED ATTENDING STAFF DEGREE DIRECTOR 22e. ADDRESS CUMBERLAND, 22d. PHYSICIAN'S (weismailu) 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) 23o. BURIAL CREMATION. 23b. DATE (County) Jan. 25. 1968 Hyndman Cemetery Hyndman, Bedford Co. Pa. 24. FUNERAL DIRECTOR 2So. REC'D BY REGISTRAR 2Sb. REGISTRAR'S SIGNATURE VR A15 (4) 30M REV, 1/68 Harvey H. Zeigler, Hyndman, Pa.

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	3. SE	ALE	4. RACE WH I	TE	s. date of birth 7-3-79	6. AGE (In years last birthesy) YRS.	IF UNDER 1 YEAR MONTHS DAYS	IF UNDER 24 HRS. HOURS MIN.
	7a. B	IRTHPLACE (State or foreigner) HANCOCK		what country?	8. MARRIED X NEVER MARRIED WIDOWED DIVORCED	9. COUNTY OF DEATH  ALLEGANY COU	NTY	Md.
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		22b. SIGNATURE	wes	ueen	DEGREE PHYS.	MED. DIRECTOR PHYS.	DATE SIGNED	
1	1100	22d. PHYSICIAN'S NAME (Type)		WEISMAN	22e. ADDRESS UM	BBERLAND, MD.		
Y		BURIAL, CREMATION, REMOVAL (Specify)	23b. DATE 1 • 10 • 78	8 ST.PA	F CEMETERY OR CREMATORY TRICKS	23d. LOCATION (City or Town)		(State) GANY MD
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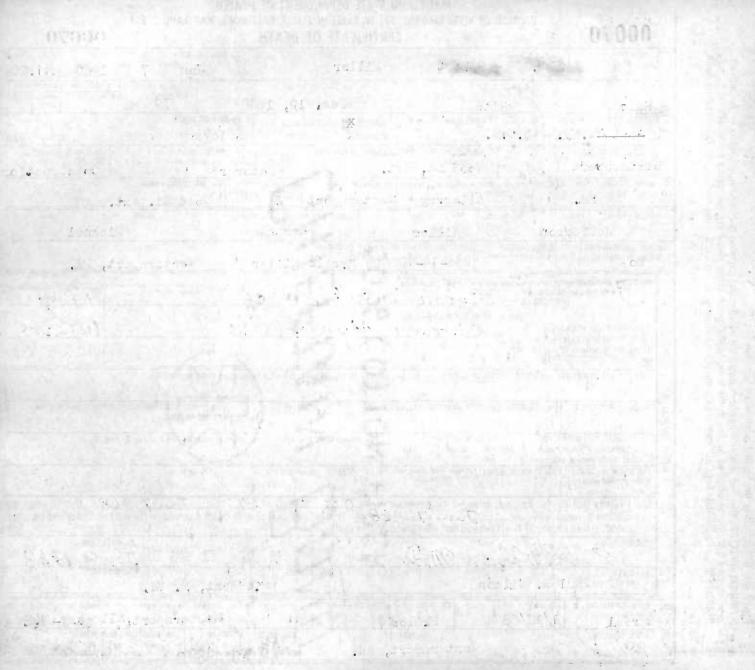
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MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 00067 CERTIFICATE OF DEATH DECEASED-NAME First Middle Lost 20. DATE OF DEATH 2b. HOUR after death and (Type or print) JAN deat LAURA 68 ٧. MEARKLE 6. AGE (In years IF UNDER 1 YEAR within 72 haurs after 4. RACE S. DATE OF BIRTH 3. SEX lost_hirthdoy) FEMALE WHITE 1-8-1895 9. COUNTY OF DEATH 24 hab 7o. BIRTHPLACE (Stote or foreign 7b. CITIZEN OF WHAT COUNTRY? B. MARRIED NEVER MARRIED filled in country) PENNA. U.S.A. remave carban papers WIDOWED | DIVORCED ALLEGANY 10. CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL OR INSTITUTION (If not in hospital 12o. USUAL OCCUPATION (Kind of work done 12b. KIND OF BUSINESS OR during most of working life, even if retired.) INDUSTRY WITH CUMBERLAND burial, crematian, ar removal, and in any event, 13d. INSIDE CITY LIMITS? 13o, USUAL RESIDENCE (Where deceosed lived, if institution; Residence before 13c, CITY OR TOWN 13e. STREET AND NUMBER requires that the death certificate be executed 13b. COUNTY Redford odmission) STATE # YES T NO RD PA COCLEARVIL 14. FATHER'S NAME First Middle Lost IS. MOTHER'S MAIDEN NAME First Middle FRANK GROVE EMMA STECKMAN physician ( 16b. SOCIAL SECURITY NO. 17. INFORMANT 160. WAS DECEASED EVER IN U.S. ARMED FORCES? Address Yes, no, or unknown) HOSPITAL . CUMBERLAND . MD None 18. CAUSE OF DEATH (Enter only one couse per Jine for (o), (b), ond (c).)
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (o) 12.16.67 DUE TO, OR AS A CONSEQUENCE OF signed by the burial-transit p Conditions, if ony, which gove ) rise to immediate couse (a), DUE TO, OR AS A CONSEQUENCE OF Page 4 may be retained by the haspital ar attending physician. stoting the underlying couse PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(o) directar, page 3 shauld be detached far use as the shauld be filed with the State Dept. af Health priar to this certificate has been 20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING 190. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 20o. AUTOPSY? CAUSES OF DEATH? YES [ NO [ 210. ACCIDENT WAS UNDERLYING 21c. HOW INJURY OCCURRED (Enter noture of injury in Port 1 or Port 2, Item 18.) 21b. TIME OF INJURY HOUR A.M. OR CONTRIBUTING CAUSE OF DEATH Month Doy Year P.M. (If either, notify medical examiner) ( AT HOME, FARM, STREET, FACTORY.) 21f. LOCATION Street of R.F.D. No. 21d. INJURY OCCURRED 21e. PLACE OF INJURY City or Town County Stote While Not while 22a. I certify that (1) (this haspital) attended the deceased from 12. 1962, 1963, to 2. 1963, that (1) (we) lost saw the deceased alive on 1963, and that in (my) (our) opinion death occurred on the date and haur and from the 1/04, 196 1, to FUNERAL DIRECTOR: After couses stoted above, (1) (we) (did) (did not) view the body ofter deoth. 22b. SIGNATURE 22c. DATE SIGNED ATTENDING STAFF PHYS. DIRECTOR 22e. ADDRESS 22d. PHYSICIAN'S NAME (Type) S. CENTRE ST. CUMBERL 23b. DATE 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) (Stote) 23o. BURIAL CREMATION (County) Burial A Bedford /29/68 Everett Cemetery Everett 9 2Sb. REGISTRAR'S SIGNATURE 24. FUNERAL DIRECTOR **ADDRESS** 2So. REC'D BY REGISTRAR VR A15 (4) 30M REV. 1/68 Everett, Pa. DATE gonne

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	PHYSICIAN: The law requires that the death certificate be executed within 24 is haspital ar attending physician. It is certificate that seen signed by the attending physician and campletely filted stacked far use as the burial-transit permit. Then please remove carban appearance of the priar to burial, crematian, ar remayal, and in any event, within 7 is the other priar to burial.	13a. admi	USUAL RESIDENCE (Where deceos ssion) STATE Marylan	ed lived, if instit	ution: Residence bef			INSIDE CITY LIMITS?	13e. STREET AND N	UMBER	Mariel	
	exected color any		ATHER'S NAME First	Middle		st	IS. MOTHER'S MAIDE	N NAME First		Middle		Last
	be n an an al		Henry		Mil	.ler		Anna			Nico	1
	ertificate be exe physician and on the please reminaval, and in an	16a.	WAS DECEASED EVER IN U.S. ARA	NED FORCES? ar or dates of service)	16b. SOCIAL SECUR		INFORMANT			Address		
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	equires that the death ce physician. signed by the attending burial-transit permit. Th burial, crematian, ar rem		18. CAUSE OF DEATH (Enter on PART I. DEATH WAS CAUSE)	y ane cause per			"Son"				BETWEEN ONS	T AND DEATH
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	d a a licate far Hea		210. ACCIDENT WAS UNDERLYIN OR CONTRIBUTING CAUSE OF DATA	HOUR A.M	Month Day	21c. 1	HOW INJURY OCCURR	(Enter notur	e of injury in Port 1	or Port 2, I	tem 18.)	
	rspit rspit rentii hed t. af	MEDICAL	(If either, natify medical examination 21d. INJURY OCCURRED 21e.			T. FACTORY. \ 21f	LOCATION Street or	PED No	City or Town		County	Stote
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	NG the ter ter tate tate		22a. I certify that (I) (th	s haspital) at	ttended_the deco	eased from	Moresen	by 1967	ta/	4, 196	, that	(we) last
	OR ATTENDING be retained by th NRECTOR: After the 3 should be defended with the State		22a. I certify that (I) (the saw the deceased a causes stated above	ive an	1/4	19 <u>16 ¥</u> , ai	nd that in (my) (	apinian	death accurred (	an the da	te and haur a	nd from the
-	TTO Tain tain tain that the true that the true true true true true true true tru		22b. SIGNATURE	, (1) (Ass) (ara	) (desire) view	ine bady arrei	deam.				DATE SIGNED	
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	\\\ \\ \\ \\	24.	FUNERAL DIRECTOR	-/_/	ADDI	RESS	250	D. REC'D BY REG	umberlan STRAR 25b. R	EGISTRAR'S	SIGNATURE	1-104
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DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 00071 FOR STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH HEALTH DEPT. DECEASED-NAME First Middle 20. DATE KNOWN Month 25 HOUR Year (Type or Print) OF ESTI-DEATH MATED Charles Moffatt e 0 0 3 to Department 6. AGE (in years 3. SEX 4. RACE IF UNDER 1 YEAR IF UNDER 24 HRS. 2c. DATE PRONOUNCED DEAD S DATE OF BIRTH 2d. HOUR pyo 6/12/1916 M TAT : OCEM MARRIED NEVER MARRIED 7o. BIRTHPLACE (Stote or foreign 7b. CITIZEN OF WHAT COUNTRY? 9. COUNTY OF DEATH Office along with form country) Md. U.S. A. WIDOWED [ DIVORCED Allegany Item 18. Give Pages lond 2 with the State 10. CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL OR INSTITUTION (If not in hospital 120. USUAL OCCUPATION (Kind of work done 12b. KIND OF BUSINESS OR give street oddress 68 during most of working life, even if retired.) Celanese Longconing Jackson St. 13d. INSIDE CITY LIMITS? 13o. USUAL RESIDENCE (Where deceosed lived, if institution: Residence before 13c. CITY OR TOWN 13e. STREET AND NUMBER deoth. 13b. COUNTY Allegany Lonaconing YES NO [ Jackson Street ofter 14. FATHER'S NAME IS. MOTHER'S MAIDEN NAME First Middle Richard Moffatt Mary Howell . = should be forworded to the Chief Medical Examiner's 16a. WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO. 17. INFORMANT ADDRESS (Yes na, ar unknawn) 217-10-5827 Elsie Moffatt Lonaconing. Md. within be executed 18. CAUSE OF DEATH (Enter only one cause per line for (o), (b), and (c).) BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY COROMARY OCCLUSION DUE TO, OR AS A CONSEQUENCE OF Conditions, if ony, which gave CORONARY SCLEROSIS rise to immediate couse (a), any This certificate should DHE TO, OR AS A CONSEQUENCE OF stoting the underlying couse PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a) remavol, 190. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION 20. AUTOPSY? WAS PERFORMED? YES 🗍 NOY pe 0 210. EXTERNAL CAUSE WAS 21b. TIME OF INJURY Month, Doy, Year 21c. HOW INJURY OCCURRED (Enter noture of injury in Port 1 or Part 2, Item 18.) 3 should MEDICAL PRIMARY OR CONTRIBUTING HOUR A.M. CAUSE OF DEATH 21d. INJURY OCCURRED 21e. PLACE OF INJURY (At hame, farm, street, 21f. LOCATION Street at R.F.D. Na. City or Town County foctory, office building, etc.) WHILE AT WORK AT WORK 220. I certify that I took charge of the remains described above, held on Autopsy Inspection X. ond in my opinion Inquiry | Notural couses // Assident Suicide . Homicide deoth resulted from: Undetermined monner THIEF MEDICAL EXAMINER ASSISTANT MEDICAL EXAMINER DEPUTY MEDICAL EXAMINER [ January 1 , 1 68 BENEDICT SKITARELIC, M.D. NAME (Type) ADDRESS(Street, city, town, or county) UMBERLAND MARY LAND 50 23o. BURIAL CREMATION 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) (County) (Stote) 1/22/68 Frostburg Mem. Park Frostburg 24. FUNERAL DIRECTOR W. Harold Fredlock Jr. Piedmont. W. Vavi VR A15ME (5) 10M REV. 1/68

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DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 00072 MEDICAL EXAMINER'S CERTIFICATE OF DEATH FOR STATE HEALTH DEPT. 1. DECEASED-NAME Middle 20. DATE KNOWN Month (Type or Print) OF ESTI-DEATH MATED __mJan George Eznz Edward Moore Page 72. MS IF UNDER 1 YEAR IF UNDER 24 HRS. 3. SEX 4. RACE S. DATE OF BIRTH 6. AGE (In years 2c. DATE PRONOUNCED DEAD 2d. HOUR White Male June 15. 19 68 12: M 7o. BIRTHPLACE (Stote or foreign MARRIED NEVER MARRIED 9. COUNTY OF DEATH 7b. CITIZEN OF WHAT COUNTRY? Orm country) Marvland Pagest Allegany U.S.A. WIDOWED DIVORCED 10. CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL OR INSTITUTION (If not in hospital 12o. USUAL OCCUPATION (Kind of work done 12b. KIND OF BUSINESS OR Office along with give street address ial Hospital during most of working life, even if retired.) Cumberland 13o. USUAL RESIDENCE (Where deceosed lived, if institution: Residence before 13c. CITY OR TOWN 13d. INSIDE CITY LIMITS? deoth. 13e. STREET AND NUMBER odmission) STATE Md. 13b. COUNTY 1 legany Barton rural YES NO TE land 2 ofter ( 14. FATHER'S NAME First Middle 15. MOTHER'S MAIDEN NAME Middle Duckworth Henry Moore Ellen the certificate, writing the word "pending" in pencil in 4 should be forworded to the Chief Medical Examiner's hours 160. WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO. 17 INFORMANT **ADDRESS** (Yes no or unknown) Mrs Arvada Porter Barton, Md. APPROXIMATE INTERVAL event within be executed 18. CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c).) BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY: Chronic Myocarditis Months IMMEDIATE CAUSE (o)_ DUE TO, OR AS A CONSEQUENCE OF buriol-tronsit Arteriosclerotic Cardiovascular disease Conditions, if ony, which gove rise to immediate couse (a), writing the word certificate should DUE TO, OR AS A CONSEQUENCE OF stoting the underlying couse ni buo PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(0) Frostbite of both feet removol, 19a DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION 20. AUTOPSY? WAS PERFORMED? NO XX please execute the certificate, pe 21c. HOW INJURY OCCURRED (Enter noture of injury in Port 1 or Port 2, Item 18.) 21o. EXTERNAL CAUSE WAS 21b. TIME OF INJURY Month, Doy, Yeor 3 should PRIMARY OR CONTRIBUTING HOUR A.M. **EXAMINER:** CAUSE OF DEATH PM 21d. INJURY OCCURRED 21e. PLACE OF INJURY (At home, form, street, 21f. LOCATION Street or R.F.D. No. City or Town County Stote foctory, office building, etc.) NOT WHILE AT WORK AT WORK 22a. I certify that I taak charge af the remains described above, held an Autapsy , Inspection X Inquiry X, and in my apinian death resulted fram: Natural causes X Suicide Hamicide Accident . Undetermined manner CHIEF MEDICAL EXAMINER ACTUAL ASSISTANT MEDICAL EXAMINER 22b. DATE SIGNED January 29, 1968 DEPUTY MEDICAL EXAMINER 5 moy 100 FUNEI Health Benedict Skitarelic, M.D. * ADDRESS(Street, city, town, or coun Dumberland. Maryland NAME (Type) 23c. NAME OF CEMETERY OR CREMATORY BURIAL CREMATION. 23b. DATE 23d. LOCATION (City or Town) (County) (State) REMOVAL (Specify) Moore Cemetery Barton Md. 1968 REGISTRAR'S SIGNATURE ADDRESS 24. FUNERAL DIRECTOR 2So. REC'D BY REGISTRAR Westernport, Md. VR A15ME (5) 10M REV. 1/68

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ertificate sh writing the warded ta sed as a bu aval, and in	1	PART 2. OTHER SIGNI		CONTRIBUTI	NG TO DEATH BUT NOT F		L DISEASE OR CONDIT	ION GIVEN IN PART 1(0)	Lan. Allyndrova
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ICAL EXAMINER: execute the certifion. Page 4 shauld ad far your files. CTOR: Page 3 shaul	V	WHILE NOT WHI	foctory,	office building		21f. LOCATION Stre		City or Town	County Stote
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JTY  y, please eral direct be retain RAL DIRE priar ta		ACTUAL SIGNATUR	Zenec	dick	t sky	chella	CHIEF MEDICAL EXAMI ASSISTANT MEDICAL EX	XAMINER 22b. DAT	E SIGNED
necessary, p the funeral 5 may be r 70 FUNERAL Health price		EXAMINER'S NAME (Type)			citarelic	Cumb	DEPUTY MEDICAL EXAM	type or county)	8/1968
D = = 20 =		BURIAL, CREMATION, REMOVAL (Specify) Burial		11/19	068 Oak I	METERY OR CREMATORY  III Ceme	terv	d. LOCATION (City or Town)  Lonaconing,	(County) (Stote)
VR ATSME (5)	24.	George	Eichho	rn	Lonacon	ning, Md.	2So. REC'D BY R	1 5 1968 FEGISTRAR'S	signature Judge.

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MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 00074 00074 CERTIFICATE OF DEATH Middle E **DECEASED-NAME** Last 2a. DATE OF DEATH DANIEL (Type or print) NORRIS JANUARY S. DATE OF BIRTH IF UNDER 1 YEAR the attending physician and campletely filled in by the Tu sit permit. Then please remave carban papers. Pages I natian, ar removal, and in any event, within 72 hours after 3. SEX 4. RACE 6. AGE (In years last birthday) HOURS 6-26-1875 WHITE MALE requires that the death certificate be executed within 24 haurs 7o. BIRTHPLACE (Stote or foreign 7b. CITIZEN OF WHAT COUNTRY? 9. COUNTY OF DEATH 8. MARRIED NEVER MARRIED country) WASH. CO., MD. USA WIDOWED X DIVORCED [ ALLEGANY 11. NAME OF HOSPITAL OR INSTITUTION (If not in hospital 10. CITY OR TOWN OF DEATH 12a. USUAL OCCUPATION (Kind of work done 12b. KIND OF BUSINESS OR INDUSTRY BUILDING CUMBERLAND. MD. HOSPITAL 130. USUAL RESIDENCE (Where deceased lived, if institution: Residence befare 13e. STREET AND NUMBER ROUTE 1, E 13c. CITY OR TOWN 13d. INSIDE CITY LIMITS? 13b. COUNTY ALL FGANY MT. SAVAGE 1. BOX 143 YES burial, crematian, ar removal, and in any 14. FATHER'S NAME IS. MOTHER'S MAIDEN NAME First Middle Lost Last EASTON SARAH NORRIS DANIEL 16a. WAS DECEASED EVER IN U.S. ARMED FORCES? MEMORIAL HOSPITAL, 16b. SOCIAL SECURITY NO CUMBERLAND, MD. Yes, no, or unknown) NONE 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)
PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Conditions, if only, which gave ) signed by the burial-transit p rise to immediate cause (a), DUE TO, OR AS A CONSEQUENCE OF Page 4 may be retained by the haspital ar attending physician. O FUNERAL DIRECTOR: After this certificate has been signed by stating the underlying cause PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IMPART 1(0) as the priar tak 20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING 20a. AUTOPSY? CAUSES OF DEATH? for USe director, page 3 shauld be detached far use shauld be filed with the State Dept. af Health (Enter noture of injury in Port 1 or Part 2, Item 18.) W INJURY OCCURRED OR CONTRIBUTING CAUSE OF DEATH HOUR A.M. Month Doy If either, notify medical examiner) 21e. PLACE OF INJURY (AT HOME, FARM, STREET, FACTORY.) 21f. LOCATION Street or R.F.D. No. State City or Town Caunty While Nat while 22a. I certify that (I) (this haspital) atterded the eccased from ______, 19.65., ta_____, 19.65., that (I) (we) last saw the deceased alive an ______, 19.65., and that in (m/) (aur) apinian death occurred on the date and hour and from the causes stated abave, (1) (we) (did (did nat) view the bady after death. 22b. SIGNATURE MED.
DIRECTOR ATTENDING DEGREE 22e. ADDRESS 22d. PHYSICIAN'S 412 MECHANIC ST..CUMBERLAND.MD DR. WALTER HIMMLER 23b. DATE 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) 23a. BURIAL, CREMATION, (County) (Stote) BEMOYAL (Specify) FEB. 2, 1968 MT. SAVAGE METHODIST CEM. Mr. SAVAGE ALLEGANYMM MD. 250. REC'D BY REGISTRAR 24. FUNERAL DIRECTOR BYRON KIGHT CUMBERLAND, MD. DATE 30M REV. 1/68

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MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 00075 00075 CERTIFICATE OF DEATH DECEASED-NAME Middle Lost 20. DATE OF DEATH 2b. HOUR death. lease remave carban papers. Pages 1 and and in any event, within 72 haurs after death (Type or print) and campletely filled in by the funeral remave carban papers. Pages 1 and JANUARY ALPHARETTA K. PARKER 4. RACEHITE PATE OF BIRTH 12-29-1910 3. SEX FEMALE 6. AGE (In years IF UNDER 1 YEAR 24 haurs after last_birthdoy) OAYS 7o. BIRTHPLACE (State or foreign 7b. CITIZEN OF WHAT COUNTRY? 8. MARRIED NEVER MARRIED 9. COUNTY OF DEATH country) MARYLAND ALLEGANY U.S.A. WIDOWED DIVORCED [ 10. CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL OR INSTITUTION (If not in hospital 12o. USUAL OCCUPATION (Kind of work done 12b. KIND OF BUSINESS OR requires that the death certificate be executed within **INDUSTRY** CUMBERLAND 13o. USUAL RESIDENCE (Where deceosed lived, if institution: Residence before 13c, CITY OR TOWN 13d. INSIDE CITY LIMITS? 13e. STREET AND NUMBER 13b. COUNTY CUMBERLANDE NO PATTERSON 14. FATHER'S NAME First Middle Lost 1S. MOTHER'S MAIDEN NAME First Lost WILLIAM KING LILLIE CRAWFORD MEMORIAL 160. WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO. Address HOSPITAL. Yes, no. or unknown) CUMBERLAND, MD. burial, crematian, ar remaval, APPROXIMATE INTERVAL 18. CAUSE OF DEATH (Enter only one couse per line for (a), (b), ond (c).)
PART I. DEATH WAS CAUSED BY: BETWEEN ONSET AND GEATH permit. IMMEDIATE CAUSE (o) signed by the burial-transit p Conditions, if ony, which gove ) rise to immediate couse (a), DUE TO, OR AS A CONSEQUENCE OF stoting the underlying couse PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a) far use as the t f Health priar to b Page 4 may be retained by the haspital ar attending D FUNERAL DIRECTOR: After this certificate has been 20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING 190. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 20a. AUTOPSY? CAUSES OF DEATH? NO | YES [ director, page 3 shauld be detached for use shauld be filed with the State Dept. of Health 210. ACCIDENT WAS UNDERLYING 21c. HOW INJURY OCCURRED (Enter noture of injury in Port 1 or Port 2, Item 18.) 21b. TIME OF INJURY OR CONTRIBUTING CAUSE OF DEATH HOUR A.M. Month Doy Yeor (If either, notify medical examiner) P.M. 21e. PLACE OF INJURY (AT HOME, FARM, STREET, FACTORY.) 21f. LOCATION Street or R.F.D. No. 21d. INJURY OCCURRED City or Town County Stote While Not while of work 22a. I certify that (I) (this hospital) ottended the deceosed from . 1960 7. to saw the deceased alive on 3/ 1965, and that in (my) (our) opinion death accurred on the date and hour and from the causes stated above, (1) (we) (did) (did not) view the body after deoth 22b. SIGNATURE 22c. DATE SIGNED **ATTENDING** STAFF DEGREE DIRECTOR 22d. PHYSICIAN'S 22e. ADDRESS CUMBERLAND, MD. NAME (Type) CLAY DURRETT 23b. DATE 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) 23o. BURIAL, CREMATION (County) (Stote) REMOVAL (Specify) 2/3/68 0 Cumberland Allegany. Hillcrest Burial Park 250. REC'D BY REGISTRAR DATE 2Sb. REGISTRAR'S SIGNATURI 24. FUNERAL DIRECTOR VR A15 (4) Charles 1968 30M REV. 1/68 Philip B. Wendt 121 Memorial Ave. Cumb. Md.

The Committee of the second of 63000 OP-01 3 IF YEARING PARKER JACTSSMISS OF 10:40 LIACYLAND W.S. M. BLESANY CHE EFLAND - THE THIRD HOSPITAL SUISBIRD FEACHER COURSERLANDAL MAR 1872 PARTERSON AVE. FATURITY S LILLIE CPANFORD AE) ORIAL HESTITEL, CUIBERLAND, MO. How on, the property and the substitution, will 

MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 00076 00076 CERTIFICATE OF DEATH Middle Lost 2a. DATE OF DEATH 2b. HOUR DECEASED-NAME First law requires that the death certificate be executed within 24 haurs after death death Jan, 250H. uneral 1968 (Type or print) Ravenscroft Ferdinand 6. AGE (In years last birthday) 4. RACE S. DATE OF BIRTH IE UNDER 1 YEAR IE UNDER 24 HRS. 3. SEX DAYS MONTHS HOURS the attending physician and campletely filled in by the sit permit. Then please remave carban papers. Pages nation, ar remaval, and in any event, within 72 haurs aft 8/9/1890 Male White 9 COUNTY OF DEATH 7o. BIRTHPLACE (State or foreign 7b. CITIZEN OF WHAT COUNTRY? 8. MARRIED NEVER MARRIED country) WIDOWED | DIVORCED | 12a. USUAL OCCUPATION (Kind of work done remaval, and in any event, within 72 11. NAME OF HOSPITAL OR INSTITUTION (If nat in hospital 10. CITY OR TOWN OF DEATH 12b. KIND OF BUSINESS OR during most of working life con itering in INDUSTRY Hospital Frostburg Miners n

130. USUAL RESIDENCE (Where deceased lived, if institution: Residence before 13c. CITY OR TOWN 13d. INSIDE CITY LIMITS? 13e. STREET AND NUMBER odmission) STATE 13b. COUNTY Lonaconi Hanekamp Md 1S. MOTHER'S MAIDEN NAME First 14. FATHER'S NAME First Middle Last John Swauger Ravenscroft Mart 16a. WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO. 17. INFORMANT Address Yes, na, ar unknown) (If yes give war or dates of service) Rachael Ravenscroft, Lonaconing, APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a) ears DUE TO, OR AS A CONSEQUENCE O signed by the burial-transit p Conditions, if ony, which gove ) rise to immediate couse (a), DUE TO, OR AS A CONSEQUENCE OF stating the underlying couse PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a) O FUNERAL DIRECTOR: After this certificate has been 20a. AUTOPSY? 20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING 19a. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED CAUSES OF DEATH? NO X YES 🗌 Health 21c. HOW INJURY OCCURRED (Enter noture of injury in Part 1 or Part 2, Item 18.) 210. ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY for OR CONTRIBUTING CAUSE OF DEATH (If either, notify medicol examiner) HOUR A.M. Month Doy Year State Dept. of P.M. 21d. INJURY OCCURRED 21e. PLACE OF INJURY (AT HOME, FARM, STREET, FACTORY.) 21f. LOCATION Street or R.F.D. No. City or Town County Stote While Not while at wark 22a. I certify that (I) (this haspital) attended the deceased fram saw the deceased alive an ______, and 19.68, ta_/ 1 2 5 , 19 68, that (1) (we) last _, and that in (my) (o<del>ur)</del> opinian death occurred an the date and havr and fram the causes stated abave, (1) (we) (did) (did nat) view the bady after death. 22c. DATE SIGNED 22b. SIGNATURE ATTENDING MED. DIRECTOR director, page 3 shauld be filed v DEGREE 22e. ADDRESS 22d. PHYSICIAN'S NAME (Type) 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) 23a. BURIAL CREMATION, 23b. DATE (County) (State) REMOVAL (Specify) Oak Hill Cemetery Lonaconing, Md. 2Sb. REGISTRAR'S SIGNATURE **ADDRESS** 2So. REC'D BY REGISTRAR 24. FUNERAL DIRECTOR VR A15 (4) 30M REV. 1/68 ocharles George Eichhorn Lonaconing, Md.

DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 00077 MEDICAL EXAMINER'S CERTIFICATE OF DEATH FOR STATE HEALTH DEPT. 1. DECEASED-NAME First 2a DATE KNOWN 7 Manth Day 2b. HOBM (Type or Print) OF ESTI-DEATH MATED Tan. Joseph 19683:15 Reed S. DATE OF BIRTH 6. AGE (In years IF UNDER 1 YEAR IE UNDER 24 HRS 2d. HQ9M 4. RACE 2c. DATE PRONOUNCED DEAD 3. SEX HOURS artme 1968 PM3 Male White Apr.19.1875 4:15 92 YRS 7b. CITIZEN OF WHAT COUNTRY? 7o. BIRTHPLACE (State or foreign 9. COUNTY OF DEATH MARRIED NEVER MARRIED Office along with form W. Va. USA WIDOWED [ DIVORCED [T Allegany with the Stote 10. CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL OR INSTITUTION (If not in haspitol 12a. USUAL OCCUPATION (Kind of work done 12b, KIND OF BUSINESS OR during most of working life, even if retired.)
Retired Farmer INDUSTRY give street address) Flintstone 2 Flintstone Own Farm 13d. INSIDE CITY LIMITS? 130. USUAL RESIDENCE (Where deceased lived, if institution: Residence before 13c. CITY OR TOWN 13e. STREET AND NUMBER deoth. 13b. COUNTY admission) STATE Flintstone Route 2, Flintstone, Md. YES NO Allegany and 2 ofter 14. FATHER'S NAME IS MOTHER'S MAIDEN NAME First Unknown Unknown hours .= Examiner's 16a, WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO. 17. INFORMANT **ADDRESS** Daughter within pencil (Yes, no, or unknown) (If yes give war or dates of service) Mrs. James Watson. Flintstone.Md. File no APPROXIMATE INTERVAL within 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) be executed BETWEEN ONSET AND DEATH permit. the Chief Medical PART I. DEATH WAS CAUSED BY Lobar Pneumonia 2 Days IMMEDIATE CAUSE (a) event DUE TO, OR AS A CONSEQUENCE OF buriol-transit Canditians, if any, which gave rise to immediate cause (a), ony certificate should the word DUE TO, OR AS A CONSEQUENCE OF stoting the underlying couse .u farworded to PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(g) 0 removal 19a. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION 20. AUTOPSY? WAS PERFORMED? the certificate, NO TY pe 0 21c. HOW INJURY OCCURRED (Enter noture of injury in Part 1 or Part 2, Item 18.) 21g. EXTERNAL CAUSE WAS 21b. TIME OF INJURY Manth, Day, Year 3 should HOUR A.M. should PRIMARY OR CONTRIBUTING cremotion, CAUSE OF DEATH 21d. INJURY OCCURRED 21e. PLACE OF INJURY (At hame, farm, street, 21f. LOCATION Street or R.F.D. No. City or Tawn County factory, affice building, etc.) WHILE AT WORK AT WORK DIRECTOR: Page burial, 220. I certify that I taak charge af the remains described above, held an Autopsy , Inspection X Inquiry X, and in my opinion director. Natural causes X. Accident . Suicide . Undetermined manner death resulted fram: Hamicide CHIEF MEDICAL EXAMINER 22b. DATE SIGNED ASSISTANT MEDICAL EXAMINER SIGNATURE DEPUTY MEDICAL EXAMINER X January 6, 1968 Heolth BENEDICT SKITARELIC, M.D. ADDRESS(Street, city, town, or Gumberland, Maryland NAME (Type) 0 23g. BURIAL, CREMATION, 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City ar Tawn) Jan.9,1968 Davis Memorial Cemetery Cumberland Allegany Md ADDRESS 2Sa. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE F. Scarpelli, Cumberland, Md. VR A15ME (5) 10M REV. 1/68

MAKTLAND STATE DEPARTMENT OF HEALTH

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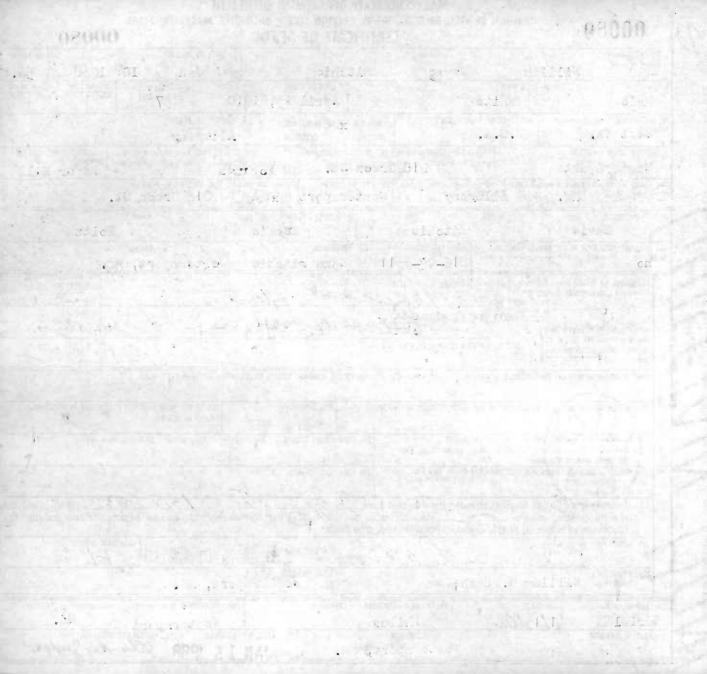
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ertificate be physician c nen please iovol, and in	o. WAS DECEASED EVER IN U.S. ARMED FORCES? Yes, no, of unknown)  (If yes give wor or doles of service)  16b. SOCIAL SECURITY NO.  17. INFORMANT  Address  168-09-2686 Mrs. Louise Renwick, Grantsville, Md
ie death certifi attending phy permit. Then ion, or removo	18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)  PART 1. DEATH WAS CAUSED BY:  IMMEDIATE CAUSE (a) ASTROCYTOMA RIGHT TEMPORAL  DUE TO, OR AS A CONSEQUENCE OF
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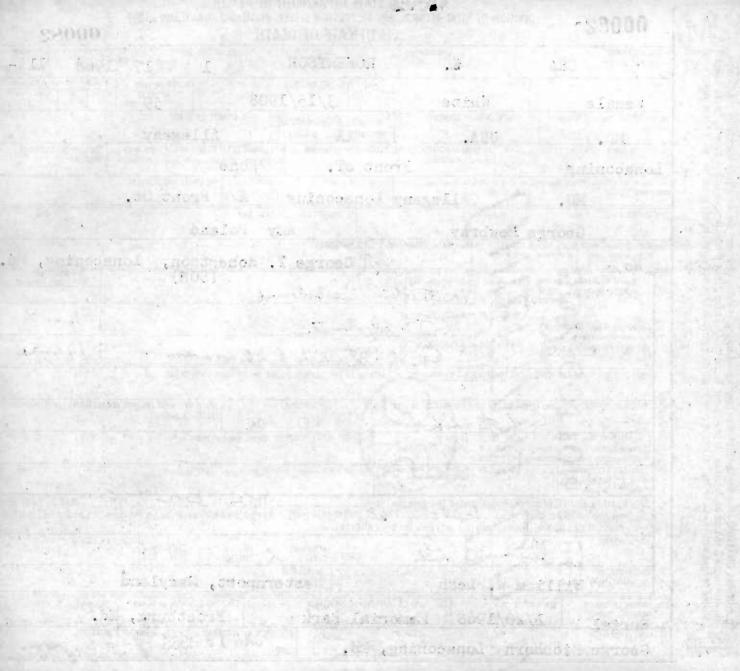
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MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 00082 CERTIFICATE OF DEATH 00082 DECEASED-NAME First Middle Lost 20. DATE OF DEATH 2b. HOUR requires that the death certificate be executed within 24 haurs after death ROBERTSON ar deat (Type or print) ORA K. Month 17 Doy 1968 11A-3. SEX 4 RACE S. DATE OF BIRTH 6. AGE (In years IE UNDER 1 YEAR IF LINDER 24 HRS physician and campletely filled in by the dense please remave carban papers. Pagés aval, and in any event, within 72 haurs after lost birthday) 3/15/1908 White Female 7o. BIRTHPLACE (State or foreign 9. COUNTY OF DEATH 7b. CITIZEN OF WHAT COUNTRY? 8. MARRIED NEVER MARRIED USA. WIDOWEDX DIVORCED | Allegany 10. CITY OR TOWN OF DEATH II. NAME OF HOSPITAL OR INSTITUTION (If not in hospital 120. USUAL OCCUPATION (Kind of work done 12b. KIND OF BUSINESS OR during most of working life, even if retired.) give street oddress) INDUSTRY Lonaconing 13o. USUAL RESIDENCE (Where deceosed lived, if institution: Residence before 13c. CITY OR TOWN 13e. STREET AND NUMBER odmission) STATE 13b. COUNTY Front St. Lonaconin 14 FATHER'S NAME Middle Lost IS. MOTHER'S MAIDEN NAME First Middle George Mowbray Amv Poland 160. WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO. 17. INFORMANT Address Yes, no, or unknown) (If yes give war or dates of service) burial, crematian, ar remaval, Lonaconing, Md. George T. Rohertson, APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH 18. CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c).

PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (o) DUE TO, OR AS A CONSEQUENCE O Conditions, if ony, which gove ! burial-transit rise to immediate couse (o), DUE TO, OR AS A CONSEQUENCE OF stoting the underlying couse PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(6) has been 190. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 20o. AUTOPSY? 20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? YES 🗍 TO FUNERAL DIRECTOR: After this certificate 21o. ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY 21c. HOW INJURY OCCURRED (Enter nature of injury in Port 1 or Part 2, Item 18.) OR CONTRIBUTING CAUSE OF DEATH (If either, notify medical examiner) HOUR A.M. Month Doy 21d. INJURY OCCURRED
While Not while of work 21e. PLACE OF INJURY (AT HOME, EARM, STREET, FACTORY.) 21f. LOCATION Street or R.F.D. No. City or Town County Stote Page 4 may be retained directar, page 3 should shauld be filed with the 22b. SIGNATURE 22c. DATE SIGNED DEGREE DIRECTOR 22e. ADDRESS 22d. PHYSICIAN'S Westernport, Maryland NAME (Type) William W. Lesh 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) 230. BURIAL, CREMATION, 23b. DATE (County) (Stote) REMOVAL (Specify)
Burial

24. FUNERAL DIRECTOR Frostburg, Md. Memorial Park 1/20/1968 250. REC'D BY REGISTRAR REGISTRAR'S SIGNATURE VR A15 (4) George Eichhorn Lonaconing, Md. 30M REV. 1/68



MARYLAND STATE DEPARTMENT OF HEALTH 00083 DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 00083 CERTIFICATE OF DEATH 2b. HOUR A DECEASED-NAME Middle Last 20 DATE OF DEATH burial, cremation, or remaval, and in any event, within 72 hours after death 200 (Type or print) JANUARY D. ROBERTSON RAYMOND 3. SEX 4. RACE S. DATE OF BIRTH IF UNDER 1 YEAR IF UNDER 24 HRS 6. AGE (In years 28, 189 Blost bighday) WHITE NOVEMBER MALE requires that the death certificate be executed within 24 hours 7b. CITIZEN OF WHAT COUNTRY? 9. COUNTY OF DEATH 7o. BIRTHPLACE (Stote or foreign 8. MARRIED NEVER MARRIED country) campletely filled in please remave carbon papers. U.S.A. ALLEGANY DIVORCED | WIDOWED 10. CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL OR INSTITUTION (If not in hospital 12o. USUAL OCCUPATION (Kind of work done 12b. KIND OF BUSINESS OR during most of working life, even if refired.)
Retired Brick Setter give street address) INDUSTRY Brick CUMBERLAND. MD. MEMORIAL Ind. 13o. USUAL RESIDENCE (Where deceosed lived, if institution: Residence before 13e. STREET AND NUMBER 13d. INSIDE CITY LIMITS? 13b. COUNTY CUMBERLANDYES X EGANY #4.OLDTOWN ROAD 14. FATHER'S NAME First Middle Last 15. MOTHER'S MAIDEN NAME First Middle Last ROBEY ROBERTSON MARTHA ANDREW 16b. SOCIAL SECURITY NO. 16a. WAS DECEASED EVER IN U.S. ARMED FORCES? 17 INFORMANT Address Yes, na. or unknown) (If yes give war or dates of service) CUMBERLAND, MD. MEMORIAL HOSPITAL. 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) BETWEEN ONSET AND DEAT PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (a) DUE TO, OR AS A CONSEQUENCE OF signed by the burial-transit p Canditians, if any, which gave ) rise to immediate cause (a), DUE TO, OR AS A CONSEQUENCE OF stating the underlying cause PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAN DISEASE OR CONDITION GIVEN IN PART 1(a) has been s be retained by the hospital ar attending priar ta far use as the - Conolin. 1 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 20b. IF MS, WERE FINDINGS CONSIDERED IN CERTIFYING 190. DATE OF OPERATION 20g. AUTOPSY? CAUSES OF DEATH? YES [ NO [ FUNERAL DIRECTOR: After this certificate irectar, page 3 shauld be detached far us 210. ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY 21c. HOW INJURY OCCURRED (Enter noture of injury in Port 1 or Part 2, Item 18.) OR CONTRIBUTING CAUSE OF DEATH (If either, notify medical examiner) HOUR A.M. Month Doy Year P.M 21d. INJURY OCCURRED 21e. PLACE OF INJURY (AT HOME, FARM, STREET, FACTORY.) 21f. LOCATION Street or R.F.D. No. City or Town County State While Not while at wark 22a. I certify that (I) (this haspital) attended the deceased fram 1460, 19, ta for 1968, that (I) (we) last saw the deceased alive an 1968, and that in (inv) (arr) apinian death accurred an the date and haur and fram the directar, page 3 shauld shauld be filed with the causes stated abave, (I) (we) (did) (did not) view the bady after death. 22b. SIGNATURE 22c. DATE SIGNED **ATTENDING** MED: DIRECTOR DEGREE 22d. PHYSICIAN'S O HOSPITAL 22e. ADDRESS VIRGINIA AVENUE, CUMBERLAND, MD 133 NAME (Type) G. OVERTON LWRIGHT 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City ar Town) (County) (State) 23a. BURIAL, CREMATION, 23b. DATE BEMOVAL (Specify) Jan.14,1968 Mt. Herman Cemetery 9 Cumberland, Allegany, Md Scarpelli, Cumberland, Md. 24. FUNERAL DIRECTOR 2Sa. REC'D BY REGISTRAR 2Sb. REGISTRAR'S SIGNATURE VR A15 (4) DATEJAN 30M REV. 1/68

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MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 06084 00084 CERTIFICATE OF DEATH PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) a. COUNTY a. STATE b. COUNTY ALLEGANY MARYLAND ALLEGANY MARYLAND requires that the death certificate be executed within 24 hours ofter b. CITY OR TOWN (If autside carparate limits, c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If autside corparate limits, write RURAL and give nearest town) write RUPAL BERLAND tawn) **CUMBERLAND** I DAY d. NAME DF HDSPITAL OR INSTITUTION (If not in haspital, give street address) e. IS RESIDENCE ON A FARM? d. STREET ADDRESS SACRED HEART HOSPITAL 915 GRAND AVE. YES NO X corban NAME OF Middle 4. DATE event, wit Manth Year DECEASED MARGARET RODERICK A. **JANUARY** 19 68 (Type or print) DEATH IF UNDER 1 YEAR IF UNDER 24 HRS. 6. COLOR OR RACE B. DATE OF BIRTH 9. AGE (In years 7. MARRIED NEVER MARRIED last birthday) Months Hours FEMALE WHITE OCTOBER 3. 1886 WIDOWED X DIVORCED puo 10a. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR 11. BIRTHPLACE (County & Stote, or foreign country) 12. CITIZEN OF WHAT ottending physician overmit. Then please during most of working life, even if retired)
HOUSEWITE INDUSTRY Own COUNTRY? Home MINERAL CO., WEST VA. USA 13. FATHER'S NAME 14 MOTHER'S MAIDEN NAME or removal, JAMES DUFFY BRIDGET WARD 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address (Yes, no or unknown) (If yes give war or dates of service permit. HOSPITAL RECORD signed by the otten burial-tronsit permi buriol, cremation, or INTERVAL BETWEEN 3NSD AND SEATH 1B. CAUSE OF DEATH (Enter only one cause per line PART I. DEATH WAS CAUSED BY: MYDCARDIAL INFARETION IMMEDIATE CAUSE (o) by the hospital or ottending physician. DUE TO HYPERTENSIVE ARTERIOSCLEROTIC HEART DISEASE 6 YRS. Conditions, if ony, which gave rise to immediate couse (o), DUE TO stating the underlying cause as the prior to DIABETES MELLITUS 6YRS. has been last. 19. WAS AUTOPSY PERFORMED? PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) ARTERIOSCLEROSIS & OSTEOARTHRITIS NO # fo FUNERAL DIRECTOR: After this certificate 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item IB.) 20a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH NONE detoched (IF EITHER, NOTIFY MEDICAL EXAMINER) Dept. 20c. TIME OF INJURY Month, Day, Year 20d. INJURY DCCURRED 20e. PLACE OF INJURY (Home, form, (City or town) (County) (State) factory, stand the bldg., etc.) Hour o.m Not While State | 21. I certify that (I) (this haspital) attended the deceased from saw the deceased alive that (I) (we) last Page 4 may be retoined director, page 3 should should be filed with the M. fram causes and an the date stated abave. , and that death accurred at 22b. DATE SIGNED ATTENDING DIRECTOR 22d. ADDRESS PHYSICIAN'S NAME (Type) JAMES P. HALLINAN, M.D. 140 BEDFORD ST., CUMBERLAND, MD. 23o. BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) (County) (State) REMOVAL (Specify) Jan. 8,1968 SS. Peter & Paul Cem. Cumberland Allegany Md 2So. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE Scarpelli, Cumberland, Md. VR A15 (4) 25M 1/67 Ocharles DATE AN 1 1 1968

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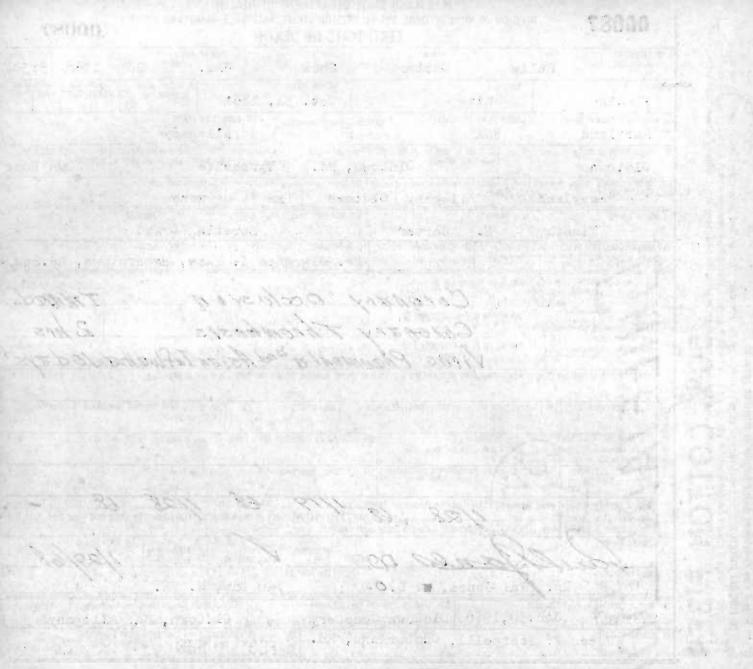
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MARYLAND STATE DEPARTMENT OF HEALTH

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MARYLAND STATE DEPARTMENT OF HEALTH 00087 DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 00087 CERTIFICATE OF DEATH 2b. HOUR D Last 2a. DATE OF DEATH 1. DECEASED-NAME First Middle within 24 hours after death. unera (Type ar print) Manth 280y Belle Jan. Carter Shaw 5:30 M 4. RACE S. DATE OF BIRTH IF UNDER 1 YEAR IF UNDER 24 HRS. 3. SEX 6. AGE (In years loss birthday) White Oct. 31, 1881 Female 9. COUNTY OF DEATH 7a. BIRTHPLACE (State or foreign 7b. CITIZEN OF WHAT COUNTRY? 8. MARRIED NEVER MARRIED countryland USA Allegany WIDOWED K DIVORCED and in any event, within 72 filled remave carban pap 11. NAME OF HOSPITAL OR INSTITUTION (If not in hospital 10. CITY OR TOWN OF DEATH 12a. USUAL OCCUPATION (Kind af wark dane 12b. KIND OF BUSINESS OR INDUSTRYOWN give street address) during most of working life, even if retired.) Oldtown, Md. Oldtown Home 13o. USUAL RESIDENCE (Where deceosed lived, if institution: Residence before 13c. CITY OR TOWN 13d. INSIDE CITY LIMITS? 13e. STREET AND NUMBER requires that the death certificate be executed admission) STATE Maryland 13b. COUNTY Allegany Oldtown YES NO none 15. MOTHER'S MAIDEN NAME First 14. FATHER'S NAME First Middle Last Middle and Timothy Carter Loretta Brant H. physician 160. WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO. 17. INFORMANT Yes, no, or unknown) be detached far use as the burial-transit permit. Then pl State Dept. af Health priar ta burial, crematian, ar remaval, Mr. Clarence I. Shaw, Hagerstown, Md.Son 18. CAUSE OF DEATH (Enter only one couse per line far (o), (b), ond (c).)
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a) signed by the burial-transit p Canditians, if any, which gave ) rise to immediate couse (o), DUE TO, OR AS A CONSEQUENCE OF stoting the underlying cause Page 4 may be retained by the haspital ar attending physician. PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a) FUNERAL DIRECTOR: After this certificate has been 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 20o. AUTOPSY? 20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING 190. DATE OF OPERATION CAUSES OF DEATH? YES [ NO [ 210. ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY 21c. HOW INJURY OCCURRED (Enter nature of injury in Part 1 ar Part 2, Item 18.) OR CONTRIBUTING CAUSE OF DEATH HOUR A.M. Manth Day Yeor (If either, notify medical examiner) P.M. 21e. PLACE OF INJURY (AT NOME, FARM, STREET, FACTORY.) 21f. LOCATION Street or R.F.D. No. 21d. INJURY OCCURRED City or Town State County While Nat while at work 3 should be director, page 3 should should should be filed with the couses stated abave, (1) (we) (did) (did nat) view the body after death. 22b. SIGNATURE 22c. DATE SIGNED ATTENDING DIRECTOR PHYS PHYS. 22d. PHYSICIAN'S 22e. ADDRESS NAME (Type) Paul Jones. E. D.O. Paw. W. Va. Paw 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Tawn) 23a. BURIAL, CREMATION, 23b. DATE (County) (State) BREMOVAL (Specify) Jan.30,1968 Oldtown Cemetery Oldtown, Md. Allegany 0 24. FUNERAL DIRECTOR 25a. REC'D BY REGISTRAR 2Sb. REGISTRAR'S SIGNATURE F. Scarpelli, Camberland, Md. DATEFEB 30M REV. 1/68



MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 00088 CERTIFICATE OF DEATH 1. DECEASED-NAME First Middle Lost 20. DATE OF DEATH 2b. HOUR within 24 haurs after death. **JANUARY** (Type or print) ROBERT SHORT 1968 G crematian, ar remaval, and in any event, within 72 haurs after 3. SEX 4 RACE S. DATE OF BIRTH 6. AGE (In years IF UNDER 1 YEAR lost withdoy) DAYS HOURS 11-18-1887 MALE WHITE 9. COUNTY OF DEATH 7a. BIRTHPLACE (State or foreign 7b. CITIZEN OF WHAT COUNTRY? 8. MARRIED X NEVER MARRIED and completely filled in country) DELAWARE ALLEGANY U. S. A. WIDOWED [ DIVORCED 11. NAME OF HOSPITAL OR INSTITUTION (If not in haspital 12o. USUAL OCCUPATION (Kind of work done 10. CITY OR TOWN OF DEATH 12b. KIND OF BUSINESS OR during most of warking life, even if retired.) INDUSTRY MENADRO (das) **CUMBERLAND** HOSPITAL Retired Engineer Railread 13a. USUAL RESIDENCE (Where deceased lived, if institution: Residence before 13c. CITY OR TOWN 13d. INSIDE CITY LIMITS? 13e. STREET AND NUMBER the death certificate be executed MARYLANDSb. COUNTY LEGANY odmission) STATE CUMBERLANDESKI NO WILLIAM 14 FATHER'S NAME Middle Lost IS. MOTHER'S MAIDEN NAME First Middle Last First GRIFFITH EDWARD SHORT MARY JANE 160. WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO. 17 INFORMANT Address (If yes give war or dates of service) Yes no or unknown) CUMBERLAND, MD. MEMORIAL HOSPITAL. 705-10-1902 18. CAUSE OF DEATH (Enter only one couse per line for (g), (b), and (s).) BETWEEN ONSET AND DEAT PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o signed by the burial-transit p Canditians, if any, which gave requires that rise to immediate cause (a), DUE TO, OR AS A CONSEQUENCE OF stoting the underlying couse Page 4 may be retained by the haspital ar attending physician. far use as the burial-Health priar ta burial, PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a) **DIRECTOR:** After this certificate has been ge 3 shauld be detached for use as the fled with the State Dept. of Health prior to OR ATTENDING PHYSICIAN: The law 20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING 19a. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 20o. AUTOPSY? CAUSES OF DEATH? YES [ NO [ 21c. HOW INJURY OCCURRED (Enter noture of injury in Port 1 or Part 2, Item 18.) 21o. ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY OR CONTRIBUTING CAUSE OF DEATH HOUR A.M. Month Doy Yeor (If either, notify medical examiner) P.M 21d. INJURY OCCURRED 21e. PLACE OF INJURY (AT HOME, FARM, STREET, FACTORY.) 21f. LOCATION Street or R.F.D. No. City or Town County While Nat while at work 22a. I certify that (1) (this haspital) attended the deceased from 19 601 to Jan . 4 saw the deceased alive an 1965, and that in (my) (aur) apinian death accurred an the date and haur and fram the causes stated abave, (I) (we) (did) (did nat) view the bady after death. saw the deceased alive an 22b. SIGNATURE 22c. DATE SIGNED ATTENDING STAFF director, page 3 PHYS DIRECTOR PHYS. 22d. PHYSICIAN'S 22e. ADDRESS FUNERAL CUMBERLAND. MD. NAME (Type) DR. DURRETT 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) 23a. BURIAL, CREMATION, 23b. DATE (County) (Stote) REMOVAL (Specify) ,1968 Cumberland Allegany Md. Jan. Sunset Memorial Park 25a. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE 24. FUNERAL DIRECTOR VR A15 (4) 30M REV. 1/68 James F. Scarpelli, Cumberland, Md. DALAN 1968

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			CERTIFICATE OF DEATH	00089
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dead		(Type or print) FREDERICK	SHUHART	JANUARY 003. 1968 4:05A
Te	3.	SEX 4. RACE	5. DATE OF BIRTH	6. AGE (In years If UNOR 1 YEAR IF UNOER 24 HRS. last birthdoy) MONTHS OAYS HOURS MIN
to the solo		MALE WHITE	3-11-1891	last birthdoy) 76 YRS. MONTHS DAYS HOURS MIN
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he death certifi s attending phy permit. Then I		1B. CAUSE OF DEATH (Enter anly one cause per line foota), (b), and (c)		APPROXIMATE INTERVAL
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MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 00090 CERTIFICATE OF DEATH DECEASED-NAME First Middle 2a. DATE OF DEATH 2b. HOURAM death. (Type ar print) ado JANUARY 1968 JOHN **IMM** SLAUGHTER 9:05M **D FUNERAL DIRECTOR:** After this certificate hos been signed by the attending physicion ond completely filled in by the ford director, page 3 should be detached for use os the burial-tronsit permit. Then please remove corbon papers. Pages, I should be filed with the State Dept. of Health prior to burial, cremation, or removal, ond in any event, within 72 hours after 3. SEX 4. RACE S. DATE OF BIRTH 6. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS. last birthday) MONTHS DAYS HOURS physicion and completely filled in by the WHITE 9-8-82 MALE requires that the death certificate be executed within 24 hours 7a. BIRTHPLACE (State or foreign 7b. CITIZEN OF WHAT COUNTRY? 9. COUNTY OF DEATH B. MARRIED X NEVER MARRIED country) U.S.A. WIDOWED [ DIVORCED | ALLEGANY MARYLAND 11. NAME OF HOSPITAL OR INSTITUTION (If not in haspital 10. CITY OR TOWN OF DEATH 12a. USUAL OCCUPATION (Kind of work dane 12b, KIND OF BUSINESS OR during most of working life, even if retired.)

B & O SHOPS SACRED HEART RAI LROAD CUMBERLAND 13o. USUAL RESIDENCE (Where deceased lived, if institution: Residence before 13e. STREET AND NUMBER 13c. CITY OR TOWN 13d. INSIDE CITY LIMITS? admission) STATE 13b. COUNTY ALLEGANY CUMBERLAND INDEPENDENCE ST 1S. MOTHER'S MAIDEN NAME First 14. FATHER'S NAME First Middle Last Middle JAMES SLAUGHTER CATHERINE MINNICK 16a. WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO 17. INFORMANT Address Yes, no, or unknown) (If yes give war or dates of service) 705-05-4817 HOSPITAL RECORD APPROXIMATE INTERVAL 18. CAUSE OF DEATH (Enter only one couse per line for (a), (b), ond (c).)
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a)

ATERIOSCLEROTIC CARDIO-VASCULAR DISEASE BETWEEN ONSET AND DEATH DUE TO, OR AS A CONSEQUENCE OF Conditions, if any, which gave ) nse to immediate cause (o), DUE TO, OR AS A CONSEQUENCE OF Page 4 moy be retained by the hospital or ottending physician. stating the underlying cause last. PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(o) O FUNERAL DIRECTOR: After this certificate has been 19a. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 20a. AUTOPSY? 20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? YES 🗌 NO | 21a. ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY 21c. HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2, Item 18.) OR CONTRIBUTING CAUSE OF DEATH HOUR A.M. Month Doy Year (If either, notify medical examiner) P.M. (AT HOME, FARM, STREET, FACTORY.) 21f. LOCATION Street or R.F.D. No. 21d. INJURY OCCURRED 21e. PLACE OF INJURY City or Tawn State County While Nat while at work 22a. I certify that (1) (this haspital) attended the deceased from 5 - 2/saw the deceased alive an 19 - 8, and that in ( 1950 . ta , and that in (my) (aur) apinian death accurred an the date and haur and fram the causes stated abave, (1) (we) (did) (did not) view the bady after death. 22c. DATE SIGNED 22b. SIGNATURE 1-15-68 ATTENDING STAFF DEGREE DIRECTOR PHYS. PHYS. 22e. ADDRESS 22d. PHYSICIAN'S NAME (Type) 62 GREENE ST., CUMBERLAND, MD., 21502 R. W. BALLIN 23d. LOCATION (City or Town) 23c. NAME OF CEMETERY OR CREMATORY (County) (State) 23a. BURIAL, CREMATION, 23b. DATE REMOVAL (Specify) Sunset Memorial Park Cumberland Allegany Maryland 24. FUNERAL DIRECTOR H. Lee Silcox **ADDRESS** 25a. REC'D BY REGISTRAR VR A15 (4) SILCOX FUNERAL HOME, 404 DECATUR ST., CUMB., MD 30M REV. 1/68

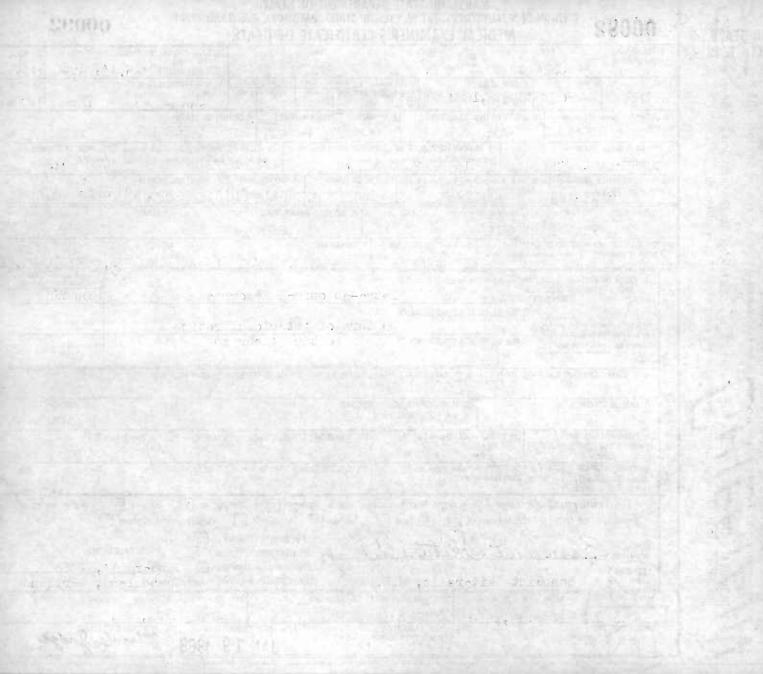
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DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 00092 FOR STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH HEALTH DEPT. I. DECEASED-NAME First Middle 2a. DATE KNOWN Month 2b. HOUR. (Type or Print) 2 0 CORA 1968 7:30M DEATH MATED .Tan. 14, STEIN 4. RACE 6. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS 2d. HOUR A 3 SEX S. DATE OF BIRTH 2c. DATE PRONOUNCED DEAD State Departmen **FEMALE** WHOTE JUNE 8,1884 8:00M Tannary 1/ 7o. BIRTHPLACE (State or foreign 7b. CITIZEN OF WHAT COUNTRY? MARRIED NEVER MARRIED 9. COUNTY OF DEATH Item 18. Give Pages 1, Office alang with farm MARYLAND DIVORCED X ALLEGANY USA WIDOWED [ 10. CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL OR INSTITUTION (If not in haspital 12a. USUAL OCCUPATION (Kind of work done 12b. KIND OF BUSINESS OR give Street gddgsslDFORD STREET OWN HOME during mast of working life, even if retired.) the 00 CUMBERLAND 13a. USUAL RESIDENCE (Where deceased lived, if institution: Residence before 13c. CITY OR TOWN 13d. INSIDE CITY LIMITS? 13e. STREET AND NUMBER 13b. COUNTY LEGANY admission) STATE RYLAND CUMBERLAND YES K NO 613 BEDFORD STREET land 2 after 14. FATHER'S NAME First Middle 1S. MOTHER'S MAIDEN NAME First Middle FRANCIS DENNISION LETHA UNKNOWN te certificate, writing the ward "pending" in pencil in should be farwarded to the Chief Medical Examiner's 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO. within 17. INFORMANT ADDRESS (Yes, no, or unknown) (If yes give wor or dates of service) ARTHUR R. STEIN 613 BEDFORD ST. CUMBERLAND.MI Φ NO NONE APPROXIMATE INTERVAL event within 1B. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY Intra-abdominal Hemorrhage Minutes IMMEDIATE CAUSE (a) DUE TO, OR AS A CONSEQUENCE OF burial-transit Canditians, if any, which gave Rupture of Arteriosclerotic 11 rise to immediate cause (a), Aortic DUE TO, OR AS A CONSEQUENCE OF Aneurysm stating the underlying cause .⊑ certificate PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a) CERTIFICATION 190. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION 20. AUTOPSY? WAS PERFORMED? YES T NO X pe 21a. EXTERNAL CAUSE WAS 21c. HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2, Item 1B.) 21b. TIME OF INJURY Manth, Day, Year PRIMARY OR CONTRIBUTING HOUR A.M. MEDICAL CAUSE OF DEATH 21d. INJURY OCCURRED 21e. PLACE OF INJURY (At hame, farm, street, 21f. LOCATION Street at R.F.D. No. City or Town County Stote factory, office building, etc.) WHILE AT WORK AT WORK for 22a. I certify that I taak charge of the remains described above, held an Autopsy ... Inspection X, Inquiry X and in my apinian Natural causes XX. Accident . Suicide . death resulted fram: Hamicide Undetermined manner prior to CHIEF MEDICAL EXAMINER 22b. DATE SIGNED ASSISTANT MEDICAL EXAMINER SIGNATURE January 14. 1968 DEPUTY MEDICAL EXAMINER X 5 may 10 FUNE Health **EXAMINER'S** Benedict Skitarelic. M.D. ADDRESS(Street, city, town, or county)Cumberland, Maryland NAME (Type) 23h DATE 23c. NAME OF CEMETERY OR CREMATORY 23a. BURIAL, CREMATION, 23d. LOCATION (City or Town) (County) (State) REMOVAL (Specify) BURIAL JAN.17,1968 ROSE HILL CEMETERY CUMBERLAND, MD. 24. FUNERAL DIRECTOR **ADDRESS** 2Sa. REC'D BY REGISTRAR BYRON KIGHT CUMBERLAND, MD. VR A15ME (5) 10M REV. 1/68

MAKTLAND STATE DEPARTMENT OF HEALTH



MARYLAND STATE DEPARTMENT OF HEALTH 00093 DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 00093 CERTIFICATE OF DEATH Middle Last 20. DATE OF OFATH 2b. HOUR 1. DECEASED-NAME First burial-transit permit. Then please remove carban papers. Pages T ond S burial, crematian, ar remaval, and in any event, within 72 haurs after death (Type ar print) 68 MARY F. STEPPE IF UNDER 1 YEAR 4 RACE S. DATE OF BIRTH 6. AGE (In years 3. SEX after WHITE last birthday) DAYS HOURS FEMALE 5-5-1905 7o. BIRTHPLACE (State or foreign 7b. CITIZEN OF WHAT COUNTRY? 9. COUNTY OF DEATH within 24 haur 8. MARRIED NEVER MARRIED MARYLAND completely filled in DIVORCED WIDOWED | U.S.A. ALLEGANY 11. NAME OF HOSPITAL OR INSTITUTION (If not in hospital 120. USUAL OCCUPATION (Kind of work dane 12b, KIND OF BUSINESS OR 10. CITY OR TOWN OF DEATH during mast af working life, even if retired.) INDUSTRY CUMBERLAND 13e. STREET AND NUMBER 13o. USUAL RESIDENCE (Where deceased lived, if institution; Residence before 13c, CITY OR TOWN 13d. INSIDE CITY LIMITS? requires that the death certificate be executed 13b. COUNTY NO 21 MULLIN IS MOTHER'S MAIDEN NAME First Middle 14. FATHER'S NAME First Middle Last JUNT MARY HAWKINS EDWIN (Hunt) 16b. SOCIAL SECURITY NO. 17. INFORMANT Address 16g. WAS DECEASED EVER IN U.S. ARMED FORCES? Yes na, ar unknown) (If yes give war or dates of service) HOSPITAL . CUMBERLAN D MEMORIAL 18. CAUSE OF DEATH (Enter anly ane cause per line for (a), (b), and (c).)
PART 1. DEATH WAS CAUSED 8Y: BETWEEN ONSET AND DEAT IMMEDIATE CAUSE (a) Canditians, if any, which gave) rise to immediate cause (a), signed by DUE TO, OR AS A CONSEQUENCE OF Page 4 may be retained by the haspital or attending physician. stating the underlying cause PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a) directar, page 3 shauld be detached for use as the shauld be filed with the State Dept. of Health priar ta 20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 20o. AUTOPSY? 19a. DATE OF OPERATION CAUSES OF DEATH? YES 🗌 NO [ O FUNERAL DIRECTOR: After this certificate 21c. HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Port 2, Item 18.) 21a. ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY OR CONTRIBUTING CAUSE OF DEATH HOUR A.M. Manth Day Year (If either, notify medical examiner) P.M detached 21e. PLACE OF INJURY ( AT HOME, FARM, STREET, FACTORY.) 21f. LOCATION Street or R.F.D. No. OFFICE BUILDING, ETC. State City or Town County 21 d. INJURY OCCURRED While Nat while at wark 22a. I certify that (I) (this hospital) attended the deceased from... , 19____, to_ __, and that in (my) (our) opinion death occurred on the date and haur and from the sow the deceosed olive on________19__ couses stated above, (1) (we) (did) (did not) view the body after death. 22c. DATE SIGNED 22b. SIGNATURE STAFF PHYS. ATTENDING MED. DIRECTOR DEGREE 22e. ADDRESS 22d. PHYSICIAN 456 N. CENTRE ST. CUMBERLAND. DROSS 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) (County) (State) 23b. OATE 23o. BURIAL, CREMATION, REMOVAL (Specify Gumberland, Allegany, Md. Hillcrest Burial Park 2So. REC'D BY REGISTRAR Scarpelli, Cumberland, Md. VR A15 (4) 30M REV. 1/68

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	MARILAND STATE DEPARTMENT OF REALTH	
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SICIA spito ertific ed fo	DR CONTRIBUTING CAUSE OF DEATH HOUR A.M. Month Day Year  (If either, natify medical examiner) P.M.  21d INJURY OCCURRED 21e PLACE OF INJURY (AT HOME FARM, STREET, FACTORY) 21f LOCATION Street or P.E.D. No. (ity or Town)	
this codetoch	While Nat while at work at work at work	State
d by After d be Stot	22a. I certify that (I) (this hospital) oftended the deceosed from 8-3/, 1967, to 1-3, 1968, that saw the deceased alive an 1968, and thot in (my) (our) opinion death occurred on the date and hour	(I) (we) last and from the
ATTER Toine TOR: Shaul	couses stated above, (I) (we) (did) (did nat) view the bady after death.  22b. SIGNATURE 22c. DATE SIGNED	
DIREC	DEGREE PHYS.   DEGREE PHYS.   MED. STAFF   1-3-6	8
O HOSPITAL OR ATTENDING PHYSICIAN: The law requires the Page 4 may be retained by the hospital or attending physician. O FUNERAL DIRECTOR: After this certificate has been signed by director, page 3 shauld be detached for use as the burial-transhould be filed with the State Dept. of Health prior to burial, creating the state of t	22d. PHYSICIAN'S NAME (Type) DR. BONALD B. GROVE 22e CUMBERLAND, MD.	
Poge direct shoul	23a. BURIAL, CREMATION, REMOVAL (Specify)  Jan. 6, 1968  23c. NAME OF CEMETERY OR CREMATORY  REMOVAL (Specify)  Jan. 6, 1968  Aurian Mound  Romney  Hampshire	(State)
VR A15 (4) 30M REV. 1/68	24. FUNERAL DIRECTOR ADDRESS 250. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE	
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Months 20. AUTOPSY? YES 🗀 NOXX 21c. HOW INJURY OCCURRED (Enter noture of injury in Port 1 or Port 2, Item 18.) Fell at home going to bathroom County Stote 313 Franklin St. Cumberland, Alleg. Md. Inspection A. Inquiry X and in my apinian death resulted fram: Natural causes Accident XI, Suicide , Hamicide , Undetermined manner 22b. DATE SIGNED Jan. 12,1968 ADDRESS(Street, city, town, or county) Rt. 9 Cumberland .Md. (County) REMOVAL (Specily) Burial Jan. 15,1968 St. Mary's Cemetery Cumberland, Md. Allegany 250. RECT BY REGISTRAR 1968 REFORMANS 24. FUNERAL DIRECTOR James F. Scarpelli, Cumberland, Md. VR A15ME (5)

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12b. KIND OF BUSINESS OR

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APPROXIMATE INTERVAL BETWEEN ONSET AND GEATH

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MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 00096 00096CERTIFICATE OF DEATH Middle DECEASED-NAME First Lost 2o. DATE OF DEATH 2b. HOUR deoth. (Type or print) JAN RANDOLPH 106 TIPTON :35A R the ottending physician and completely filled in by the function numbers. Pages the nermit, Then please remove carbon papers. offer 3. SEX 4. RACE S. DATE OF BIRTH **IF UNDER 1 YEAR** 6. AGE (In years IF UNDER 24 HRS lost birtheon HOURS 3-26-05 WHITE MALE The law requires that the death certificate be executed within 24 hours 7o. BIRTHPLACE (State or foreign 7b. CITIZEN OF WHAT COUNTRY? 9. COUNTY OF DEATH 8. MARRIED NEVER MARRIED COUPENNSYLVANIA **ALLEGANY** U.S.A. WIDOWED | DIVORCED [ 11. NAME OF HOSPITAL OR INSTITUTION (If not in hospital 10. CITY OR TOWN OF DEATH 12o. USUAL OCCUPATION (Kind of work done 12b. KIND OF BUSINESS OR givenstreet addest) A I dwing most of werking life Aven if retired h INDUSTRY HOSPITAL CUMBERLAND Auto 13o. USUAL RESIDENCE (Where deceosed lived, if institution: Residence before 13c. CITY OR TOWN 13e. STREET AND NUMBER 13d. INSIDE CITY LIMITS? 13b. COUNTY YES 📆 NO T BOX 372 BEDDARDV HYNDMAN 14. FATHER'S NAME Middle Lost 1S. MOTHER'S MAIDEN NAME First Middle COUGHENOUR B TIPTON EMMA LUTHER 160. WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO. 17. INFORMANT Address Yes, no whown) CUMBERLAND. MD 174-16-0156 MEMORIAL HOSPITAL 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), ond (c),
PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o' cremation, Conditions, if ony, which gove ) O FUNERAL DIRECTOR: After this certificate hos been signed by the director, page 3 should be detached for use as the buriol-transit in rise to immediate couse (o), DUE TO, OR AS A CONSEQUENCE OF Poge 4 may be retained by the hospital or attending physician. stoting the underlying couse burial, PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(6) should be detached for use as the with the Stote Dept. of Health prior to 20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING 190, DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 20a, AUTOPSY? CAUSES OF DEATH? YES -NO [ 210. ACCIDENT WAS UNDERLYING 21c. HOW INJURY OCCURRED (Enter noture of injury in Port 1 or Port 2, Item 18.) 21b. TIME OF INJURY OR CONTRIBUTING CAUSE OF DEATH HOUR A.M. Month Dov (If either, notify medical examiner) P.M. 21d. INJURY OCCURRED 21e. PLACE OF INJURY ( AT HOME, FARM, STREET, FACTORY, ) 21f. LOCATION Street or R.F.D. No. City or Town County Stote While Not while of work 22a. I certify that (I) (this haspital) attended the deceased fram and that in (my) (aur) apinian death accurred an the date and haur and fram the 22b. SIGNATURE 22c. DATE-SIGNED **ATTENDING** STAFF DEGREE PHYS DIRECTOR director, poge should be filed 22d. PHYSICAN'S 22e. ADDRESS MBERLAND, MD. SCHINDLER DR. B. NAME (Type) 23o. BURIAL, CREMATION 23b, DATE 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) (County) Bu PEMOVA (Specify) 18.1968 Hyndman, Bedford Hyndman Cemetery 250. REC'D BY REGISTRAR DATE JAN 2 2 24. FUNERAL DIRECTOR 2Sb. REGISTRAR'S SIGNATURE VR A15 (4) 30M REV. 1/68 Leigler, Hyndman, Pa. Harvey H.

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OR ATTENDING PHYSICIAN: The law requires that the death certiticate be executed within 24 hours after death. Se retained by the hospitol or ottending physicion.  **NIRECTOR:** After this certificate has been signed by the ottending physician and completely filled in by the funeral e. 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages, and sed with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours after dept.		PLACE OF DEATH o. COUNTY Allegar	ny		MARYLA		2. USUAL RESIDENCE (		osed lived, if institution b. CO	ution: Residence be UNTY A11eg	fore odmissio	on)
by the pages ours off		b. CITY OR TOWN (If outside write RURAL and give to Cumber 1 a	de corporote limits, neorest town) anci	3.1	c. LENGTH OF STAY IN 1  Thr. + 15 min	lb c	Frostburg	stside corpo	rote limits, write R	URAL ond give ned	rest town)	
popers. hin 72,4		d. NAME OF HOSPITAL OR	INSTITUTION (If not in ho eart Hospit		e street oddress)		d. STREET ADDRESS 117 High	St.		2 (2)	e. IS RESID ON A FA	
01		NAME OF DECEASED (Type or print)	First George		Middle Samuel		Lost Truly	4. DATE OF DEATE	1		1,	68
1		Male V	thite wi	ARRIED C	NEVER MARRIED   DIVORCED	<u> </u>	DATE OF BIRTH / 17/17/		9. AGE (In yeors lost birthdoy) 50 yrs.	Months Doy	s Hours	Min.
l, ond in any ev	dur	. USUAL OCCUPATION (Give ting most of working life, eve Acetone Re	kind of work done en if retired) COVETY	Ce I	of Business or USTRY anese Cor	·p.	11. BIRTHPLACE (County Ocean, (	of Lo		12. CITIZEN	OF WHAT	
moval,		FATHER'S NAME					4. MOTHER'S MAÎDEN VIOLA					
the ottending physician ond completely filled in sit permit. Then please remove carbon popers. nation, or removal, ond in any event, within 72.4%	(A)	WAS DECEASED EVER IN U.S es, no, or unknown) (If yes YES W W	give wor or dotes of service	217	-10-1096		ORMANT GEORGE	S. I	FROST'S	17 HIGH		
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alth pr	ATION	PART II. OTHER SIGNIFICA	ANT CONDITIONS CONTRIB	BUTING TO	DEATH BUT NOT RELATE	ED TO THE	TERMINAL DISEASE CO	NDITION GIV	'EN IN PART 1(o)		PERFORM YES	PSY ED? NO
Store Dept. of He	MEDICAL CERTIFICATION	20o. ACCIDENT WAS UNDER OR CONTRIBUTING ☐ CAU: (IF EITHER, NOTIFY MEDICA	RLYING  SE OF DEATH ALEXAMINER)	20b. DESC	RIBE HOW INJURY OCCU	JRRED. (Ent	ter noture of injury in	Port 1 or Po	ort II of item 18.)			
,	MEDICA	20c. TIME OF INJURY Mo Hour o.m. p.m.	19	While of work	Not While of work	foctory	OF INJURY (Home, forn , street, office bldg., etc.		(City or town)	(County)		Stote)
the St		saw the decease	at (I) (this haspital) ad alive on /-	attende 3-	d the deceased fro 19 <u>68</u> , and	am_3 d thot d	eoth occurred at	962	ta <u> </u>	, 19 <u>CK</u> , s and on the d	ate stated	we) last I above.
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director, page 3 should be detached for use as the should be filed with the State Dept. of Health prior to				VGS,	M.D.		57 GREE			BERLAND		
5 1	230	D. BURIAL, CREMATION, REMOVAL (Specify)	23b. DATE THEREOF 1/7/68		23c. NAME OF CEMETER	RY OR CRE	MATORY	23d. L	OCATION (City or T	lown) (Cou	nty) (Si	tote)

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DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 00098 00098 CERTIFICATE OF DEATH DECEASED-NAME First Last 2a. DATE OF DEATH Middle 2b. HOUR (Type or print) JANUARY JOAN MARIE TWIGG burial, cremation, or removal, and in ony event, within 72 hours after 4 RACE S. DATE OF BIRTH 3. SEX 6. AGE (In years last birthday) HOURS FEMALE WHITE JUNE 25. 1946 7o. BIRTHPLACE (Stote or foreign 7b. CITIZEN OF WHAT COUNTRY? 8. MARRIED X NEVER MARRIED 9. COUNTY OF DEATH The law requires that the death certificate be executed within 24 her MARYLAND physician and completely filled in en pleose remove corbon popexs DIVORCED [ USA WIDOWED | ALLEGANY 11. NAME OF HOSPITAL OR INSTITUTION (If not in hospital 10. CITY OR TOWN OF DEATH 12o. USUAL OCCUPATION (Kind of work done 12b. KIND OF BUSINESS OR give street address)
S ACRED HEART HOSP. during most of working life, even if retired.) CUMBERLAND 13o. USUAL RESIDENCE (Where deceased lived, if institution: Residence before 13c. CITY OR TOWN 13e. STREET AND NUMBER 13d. INSIDE CITY LIMITS? 13b. COUNTY YES 👿 LA VALE CLUB HOUSE ROAD ALLEGANY 14. FATHER'S NAME First Middle Lost 1S. MOTHER'S MAIDEN NAME First Middle Lost MARY ELIZABETH CARWELL STANLEY HARMAN H. 160. WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO. 17. INFORMANT Address (If yes give war or dates of service) Yes, no or unknown) 213-48-6541 HOSPITAL RECORD APPROXIMATE INTLRVAL CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)
 PART 1. DEATH WAS CAUSED BY: BETWEEN ONSET AND DEATH IMMEDIATE CAUSE (a) DUE TO, OR AS A CONSEQUENCE OF signed by the burial-tronsit p Conditions, if any, which gave rise ta immediate cause (a), DUE TO, OR AS A CONSEQUENCE OF Poge 4 may be retained by the hospital or attending physicion. stoting the underlying couse PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a) of Heolth prior to O FUNERAL DIRECTOR: After this certificate has been for use os the 20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING 19a. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 20o. AUTOPSY? CAUSES OF DEATH? YES 🗀 NO D 216/ ACCIDENT WAS UNDERLYING 21c. HOW INJURY OCCURRED (Enter nature of injury in Port 1 or Port 2, Item 18.) 21b. TIME OF INJURY OR CONTRIBUTING CAUSE OF DEATH HOUR A.M. Month Day Yeor (If either, natify medical examiner) director, page 3 should be detache should be filed with the State Dept. 21e. PLACE OF INJURY (AT HOME, FARM, STREET, FACTORY,) 21f. LOCATION Street or R.F.D. Ng. City or Town County While Nat while at work 22a. I certify that (1) (this haspital) attended the deceased fram 7-3 , 1962, ta 1-14, 1962, that (1) (we) last saw the deceased alive an 1968, and that in (my) (aur) apiman death accurred an the date and haur and fram the causes stated abave, (1) (we) (did) (did nat) view the bady after death. 22h SIGNATURE 22c. DATE SIGNED STAFF DEGREE DIRECTOR 22d. PHYSICIAN'S 22e. ADDRESS NAME (Type) LEWIS BRINGS, M.D. 57 GREENE ST., CUMBERLAND, MD. 23d. LOCATION (City or Town) 23b. DATE 23c. NAME OF CEMETERY OR CREMATORY 23a. BURIAL, CREMATION (County) RESTLAWN MEMORIAL GARDENS LAVALE. ALLEGANY . MARYLAND 250. REC'D BY REGISTRAR 24. FUNERAL DIRECTOR 30M REV. 1268 BALTO AVE. CUMB. MD.

MARYLAND STATE DEPARTMENT OF HEALTH

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## MARYLAND STATE DEPARTMENT OF HEALTH ISION OF VITAL RECORDS 301 W PRESTON STREET RAITIMORE MARY

DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

00099

## CERTIFICATE OF DEATH

00099

1												
		PLACE OF DEATH o. COUNTY	ALLEGANY	MARYLAND	II a CTATE	Where deceased lived, if institution b. COUNT	on: Residence before ALLEG					
		b. CITY OR TOWN (I	f outside corporote limits,	c. LENGTH OF STAY IN 1b	c. CITY OR TOWN (If a	utside carporate limits, write RUR	AL and give near	ive nearest tawn)				
		CUMBE	RLAND	8 DAYS	FLI	NSTONE						
		d. NAME OF HOSPITA	AL OR INSTITUTION (If not in hospital,	give street oddress)	d. STREET ADDRESS			e. IS RESIDENCE				
g).		SACRE	D HEART HOSPITAL		ROUT	E # 1		ON A FARM? YES NO				
		NAME OF	First	Middle	Last	4. DATE Month	Do	by Year				
3/		DECEASED (Type or print)	CONNIE	L.	WALTER	OF DEATH JANU	JARY 3	19 68				
	S.	SEX	6. COLOR OR RACE 7. MARRIED	NEVER MARRIED	8. DATE OF BIRTH	9. AGE (In years	IF UNDER 1 YEAR	The second second second				
		FEMALE	WHITE WIDOWED	DIVORCED	DECEMBER 12	1954 lost birthday)	Months Doys	Hours Min.				
П		. USUAL OCCUPATION		KIND OF BUSINESS OR NDUSTRY	11. BIRTHPLACE (County	& Stote, or foreign country)	12. CITIZEN C					
	dui	Stude		ntstone High	ALLEG	ANY, MARYKAND	COUNTRY	USA				
	13.	FATHER'S NAME			14. MOTHER'S MAIDEN	NAME						
		ARTHU	IR WALTER		ORPHA	A KEEFER						
	1S.	WAS DECEASED EVER	R IN U.S. ARMED FORCES? 16	SOCIAL SECURITY NO. 17.	INFORMANT	Addres	S					
	(10	ss, 110, 01 410 awii)	(If yes give wor or dotes of service)	213-48-5930	HOSPITAL	_ RECORD						
		18. CAUSE OF DE	ATH (Enter only one couse per line fo		0 -1	1. 1.	IN	ITERVAL BETWEEN				
		PART I. DEAT	H WAS CAUSED BY: IMMEDIATE CAUSE (o)	& yetre Al	er over of	he powere	23 8	NSET AND DEATH				
		2730	DUE TO		1							
1	9	Conditions, if ony,	which gove (b)									
1		stoting the under					0.00					
		lost.	) (c)									
-	NOI	PART II. OTHER SIG	GNIFICANT CONDITIONS CONTRIBUTING	TO DEATH BUT NOT RELATED TO	THE TERMINAL DISEASE CO	NDITION GIVEN IN PART 1(o)		P. WAS AUTOPSY PERFORMED?				
	FICA	20o. ACCIDENT WAS	HMDERIVING TIL 206 F	ESCRIBE HOW INJURY OCCURRED	(Enter notice of injury in	Port I or Port II of item 10 \		YES NO				
	MEDICAL CERTIFICATION	OR CONTRIBUTING (	☐ CAUSE OF DEATH	ESCRIBE HOW INJURY OCCURRED.	. (Effer flotore of injury in	ron I of Pon II of Ifem 18.)						
	S.			INJURY OCCURRED 20e. PL	ACE OF INJURY (Hame, forn	n. 20f. (City or town)	(County)	(Stote)				
	MED	Hour o.m	n. Whil	e Not While for	ctory, street, office bldg., etc.		(coom)	(31010)				
ı		p.m	1. 01 W0	rk at work	1959	19 a- to 1/3	10/8	hat (I) (was) Inc				
		Suw The de	y that (I) (this haspital) atter ceased alive an	1968, and the	at death accurred at		nd an the da	ite stated abave				
		220. SIGNATURE	1.1.11-		ATTENDING -	MED. STAFF	22b. DATE SIG	NED				
ı		ociga	very bering	7 M	.D. PHYS.	DIRECTOR PHYS.	1/4	-/68				
		22c. PHYSICÍAN'S NAME (Type)	ELIZABETH BRI	NGS, M.D.	22d. ADDRESS			9 1/2 10				
-	230	BURIAL, CREMATIO	N, 23b. DATE THEREOF	23c. NAME OF CEMETERY OR	CREMATORY .	23d. LOCATION (City or Tow						
		BUT I a I	1/ 5/1968	Mt. Zion Cem	etery	Near Chaneysv		edfd. Pa				
İ	24	FUNERAL DIRECTOR	7 Tales	ADDRESS	Md 250. REC	D BY REGISTRAR 25b. REG	ISTRAR'S SIGNATI	JRE				
		Fabra T	Harler Tr. 1230	Malto Ave. Cum	berland DATE A A	5 1968	carles }	1 Tan				

and 2 10 HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the deoth certificate be executed within 24 haurs ofter death. le funeral **TO FUNERAL DIRECTOR:** After this certificate hos been signed by the ottending physicion and completely filled director, page 3 should be detached for use as the burial-transit permit. Then please remove corbon pages should be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within Page 4 may be retained by the hospital or attending physicion.

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ELIZABETA BAINGS, M.D.

				STATE DEPARTMENT OF I		
A		00100 DI	VISION OF VITAL RECORDS, 30 CE	1 W. PRESTON STREET, BALT RTIFICATE OF DEATH		0100
uneral and 2 r death.		ype or print) ROBERT	MGREGG	WEAVER	2a. DATE OF DEATH  JANUARY  Dag 2	Ye68 2b. HOUR
a de la companya de l	3. St	X MALE	WHITE	S. DATE OF BREE	6. AGE (In years IF UNDI last birthday)  YRS.	DER 1 YEAR IF UNDER 24 HRS.
papers Page	7a. I	BIRTHPLACE (State or fareign NARYLAND	CITIZEN OF WHAT COUNTRY?	MARRIED NEVER MARRIED X	9. COUNTY OF DEATH GANY	M
		CUMBERLAND		JTION (If not in haspital DR I AL 12a. USU/	AL OCCUPATION (Kind af wark dane ast af warking life, even if retired.)	DUSTRY
eveni, will	13a. adm	USUAL RESIDENCE (Where deceased lissian) STATE MD.	ved, if institution; Residence before 13 13b. COUNT ALLEGAN		□ BOX 91	
1	14.	ROBERT	Middle WEAV	ER IS. MOTHER'S MAIDEN NAME	** Middle	HOWELL
	16a.	WAS DECEASED EVER IN U.S. ARMED (es, no, or unknawn) (lif yes give war or to	FORCES? Idea of service) Idea of service)	MEMORIAL HOSE	TAL, CUMBERLAND	), MD.
Health prior to burial, cremation, or remaval, and in an		PART I. DEATH WAS CAUSED BY IMMEDIATE Comments of the course (a), stating the underlying cause last.		Bilateral	ONDITION GIVEN IN PART 1(a)	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
X	CERTIFICATION	19a. DATE OF OPERATION 19b. CONI	DITION FOR WHICH OPERATION WAS PERFO	RMED 20a. AUTOPSY?  YES NO	20b. IF YES, WERE FINDINGS CONSIDER	RED IN CERTIFYING
	MEDICAL CER	21a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (If either, natify medical examiner)	21b. TIME OF INJURY HOUR A.M. Manth Day Year P.M. 19		r nature af injury in Part 1 ar Part 2, Item 18	
	W	While at wark at wark 22a. I certify that (I) (this h saw the deceased alive causes stated above) (I) 22b. SIGNATURE	aspital) attended the deceased an 19_ (we) (did) (did nat) view the back	fram, 19, 19, and that in (my) (aur) api ly after death.  DEGREE PHYS. D	nian death accurred an the date and the date	_, that (I) (we) la d haur and fram th
1 0/8	200		DUL S. HASHIM	22e. ADDASVALE		(644)
10		BURIAL, CREMATION, REMOVAL (Specify) 1/21  FUNERAL DIRECTOR	1/68 23c. NAME OF CEM Mt. Vi	ETERY OR CREMATORY  @W 2Sa. REC'D B	23d. LOCATION (City or Town) (Cou MOSCOW Mills Y REGISTRAR 25b. REGISTRAR'S SIGNAT	unty) (State) Md
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requires that the death certificate be executed within 24 haurs after death, g physician.  g physician.  n signed by the attending physician and campletely filled in by the funeral e burial-transit permit. Then please remove carban papers. Pages 1 and 2 e burial, crematian, ar remaval, and in any event, within 72 hours after death,		CEASED-NAME First LOGA	N.	Middle MARKLE	VERT	20.	DATE OF DEATH	_Dav		2b. HOUR
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0	admi	USUAL RESIDENCE (Where deceossion) STATE MD.		LEGANY	CUMBERLAND	13d. INSIDE CITY LIMITS? YES NO	13e. STREET AND NUMI 222 WILI		K AVE.	
	14. F	ATHER'S NAME First	Middle	Last	15. MOTHER'S M	AIDEN NAME First		ddle		ast
		LOGAN	М.	WERT		ELIZABE	TH		WRAY	1
	16a. Y	was deceased ever IN U.S. ARI		. SOCIAL SECURITY NO 73-16-398		TAL KEESK		lress Els Cre	Cumb. ek Ave	2.
		1B. CAUSE OF DEATH (Enter or	ly ane cause per line for	r (o), (b), ond (c).)					APPROXIMATE II BETWEEN DNSET A	NTERVAL AND DEATH
		PART I DEATH WAS CALISE			ica -1	teneroly	el	300	5 mo.	nth
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		rise to immediate cause (a), stoting the underlying couse(	DUE TO, OR AS A	CONSEQUENCE OF		0				
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		PART 2. OTHER SIGNIFICANT CO	IDITIONS CONTRIBUTING	TO DEATH BUT NOT	RELATED TO THE TERMINA	L DISEASE OR CONDIT	ION GIVEN IN PART 1(a)			per III
	N.	Car	hefra							
0	CERTIFICATION	19a. DATE OF OPERATION 19b.	CONDITION FOR WHICH C	PERATION WAS PERF			20b. IF YES, WERE FINI CAUSES OF DEATH?	DINGS CONSIDE	RED IN CERTIF	YING
1	RTIFI				YES					
		21a. ACCIDENT WAS UNDERLYIFT OR CONTRIBUTING CAUSE OF DEA	IG 21b. TIME OF INJU	URY onth Day Yeor	21c. HOW INJURY OC	CURRED (Enter natu	re af injury in Part 1 ar	Port 2, Item 18	.)	
	MEDICAL	(If either, notify medical exami	ner) P.M.	. 19	10/1	7				
	×	21d. INJURY OCCURRED While Nat while of wark	PLACE OF INJURY (AT H	OME, FARM, STREET, FACTO CE BUILDING, ETC.	21f. LOCATION Stre	et or R.F.D. No.	City ar Town	Cour	ity	State
		22a. I certify that (I) (the saw the deceased a	is haspital) attende	ed the deceased	fram 12 - 2	4 , 19 6 7	, ta / -27	_, 19_68	, that (I)	(we) last
	1	saw the deceased a causes stated abav	live an	2 5 19	(a) and that in (m	ry) <del>(our)</del> apinian	death accurred an	the date and	d haur and	fram the
		22b. SIGNATURE	s' (I) fwzt (amt (ala	nort,view the bo	7-			22c. DATE SI	CNED	
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	230	BURIAL, CREMATION, 23b.	DATE	23c. NAME OF CE	METERY OR CREMATORY	] 23d	. LOCATION (City ar Taw	n) (Cau	nty) (S	State)
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2.	24.	FUNERAL DIRECTOR		ADDRESS		2Sa. REC'D BY REG	ISTRAR 256. REGI	STRAR'S SIGNAT		Lo
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DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 00103 FOR STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH HEALTH-DEPT. 1. DECEASED-NAME First Middle 2g DATE KNOWN (Type or Print) ESTI-**JOHN** JAN. 17 WALTER WINEBRENNER. JR. 1968 2 0 in to DEATH MATED IF UNDER 1 YEAR IF UNDER 24 HRS 4. RACE 6. AGE (In years 2d. ROM 3. SEX S. DATE OF BIRTH DATE PRONOUNCED DEAD 2, and PM3. MAIE WHITE AUG. 9. 1930 19 68 37 Jan. YRS 7b. CITIZEN OF WHAT COUNTRY? 9. COUNTY OF DEATH 7a. BIRTHPLACE (State ar fareign MARRIED NEVER MARRIED Office alang with farm U.S.A. WIDOWED [ DIVORCED [ ALLEGANY in Item 18. Give Pages land 2 with the State 10. CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL OR INSTITUTION (If nat in haspital 12a. USUAL OCCUPATION (Kind of work done 12b. KIND OF BUSINESS OR INDUBRO R.R. during mastportyppkingpharetypperetired.) givDstrot oddreMINERS HOSPITAL FROSTBURG 13a. USUAL RESIDENCE (Where deceased lived, if institution: Residence before 13c. CITY OR TOWN 13d. INSIDE CITY LIMITS? death. 13e. STREET AND NUMBER 13b. COUNTY AT TEGANY admission ARYTAND MT. SAVAGE RURAI. YES NO after 14. FATHER'S NAME 15. MOTHER'S MAIDEN NAME Middle Last WALTER WINEBRENNER VIRGINIA GORDON JOHN the Chief Medical Examiner's pages BOX 582. 16g. WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO. 17. INFORMANT **ADDRESS** pencil (Yes, na, ar unknown) (If yes give war ar dates of service) MRS. MARLENE W. WINEBRENNER, MT. SAVAGE, MD. 217-28-9871 File APPROXIMATE INTERVAL within executed 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) BETWEEN ONSET AND DEATH permit. PART I. DEATH WAS CAUSED BY Occlusion Sudden Coronary IMMEDIATE CAUSE (a). DUE TO, OR AS A CONSEQUENCE OF Sclerosis Coronary Canditians, if any, which gave rise to immediate cause (a), shauld writing the ward DUE TO, OR AS A CONSEQUENCE OF stating the underlying cause PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a) 0 SD remaval 20. AUTOPSY? 19g. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED? NO X YES [ pe 21a. EXTERNAL CAUSE WAS 21b. TIME OF INJURY Manth, Day, Year 21c. HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2, Item 18.) 3 shauld PRIMARY OR CONTRIBUTING HOUR A.M. crematian. CAUSE OF DEATH 21d. INJURY OCCURRED 21f. LOCATION Street or R.F.D. No. City or Town 21e. PLACE OF INJURY (At hame, farm, street, Caunty State factory, affice building, etc.) NOT WHILE AT WORK 220. I certify that I took charge of the remains described above, held an Autopsy . Inspection X. Inquiry X, ond in my opinion Natural couses X. Accident ... Suicide ... Undetermined monner deoth resulted from: Hamicide CHIEF MEDICAL EXAMINER ASSISTANT MEDICAL EXAMINER 22b. DATE SIGNED DEPUTY MEDICAL EXAMINER X January 17, 1968 **FXAMINER'S** 5 may ro FUNE Health BENEDICT SKITARELIE, M. D. ADDRESS(Street, city, town, or county) RD 9, Cumberland, Md. NAME (Type) 23b. DATE 23c. NAME OF CEMETERY OR CREMATORY (County) 23a. BURIAL, CREMATION, 23d. LOCATION (City or Town) (State) REMOVAL (Specify) METHODIST CEMETERY MT. SAVAGE, MD. JAN. 21, 1968 BURTAL 2Sb. REGISTRAR'S SIGNATURE 24. FUNERAL DIRECTOR ADDRESS 2Sq REC'D BY REGISTRAR JOSEPH R. DURST, FROSTBURG, MD. VR A15ME (5) 10M REV. 1/68

MAKTLAND STATE DEPAKTMENT OF HEALTH

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MARYLAND STATE DEPARTMENT OF HEALTH 00104 DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 00104 CERTIFICATE OF DEATH **DECEASED-NAME** First Middle Last 2a. DATE OF DEATH 2b. HOUR hours after death (Type or print) Month 7th Day Edwin Winters Jan, 3. SEX 4. RACE 5. DATE OF BIRTH IF UNDER 1 YEAR 6. AGE (In years last birthday) Male White 4/21/1899 9. COUNTY OF DEATH 7b. CITIZEN OF WHAT COUNTRY? 7o. BIRTHPLACE (State or foreign 8. MARRIED NEVER MARRIED filled in country) USA Allegany WIDOWED | DIVORCED [ 10. CITY OR TOWN OF DEATH within 11. NAME OF HOSPITAL OR INSTITUTION (If not in haspital 120. USUAL OCCUPATION (Kind of work done 12b. KIND OF BUSINESS OR PHYSICIAN: The low requires that the deoth certificate be executed within during Rost of working life, Ben if refired mployee give Freet oddresh se Midland Street signed by the attending physician ond completely buriol-tronsit permit. Then please remove corbon 13c. CITY OR TOWN 13a. USUAL RESIDENCE (Where deceased lived, if institution: Residence before 13d. INSIDE CITY LIMITS? 13e. STREET AND NUMBER 13b. COUNTAllegany admission) STATE Md. Midland YES X Paradise St. 14. FATHER'S NAME Middle Last 15. MOTHER'S MAIDEN NAME First Winters Ella Lancaster 16b. SOCIAL SECURITY NO. 17. INFORMANT Address 16g. WAS DECEASED EVER IN U.S. ARMED FORCES? '(If yes give war or dates of service) Yes, ng ar unknown) Alma Winters Midland, Md. 215-18-8092 APPROXIMATE INTERVAL 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) BETWEEN ONSET AND DEAT PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a) DUE TO, OR AS A CONSEQUENCE OF Canditians, if any, which gave ) rise to immediate cause (a), DUE TO, OR AS A CONSEQUENCE OF stating the underlying cause PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a) O FUNERAL DIRECTOR: After this certificate hos been for use os the 20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 20a. AUTOPSY? 19g, DATE OF OPERATION CAUSES OF DEATH? YES 🗍 NO T 21a. ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY 21c. HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2, Item 18.) OR CONTRIBUTING CAUSE OF DEATH (If either, natify medical examiner) HOUR A.M. Manth Day Year P.M. 21d. INJURY OCCURRED 21e. PLACE OF INJURY (AT HOME, FARM, STREET, FACTORY.) 21f. LOCATION Street or R.F.D. No. State City or Town County While Nat while at wark causes stated abave, (1) (we) (did) (did nat) view the body after death. 22c. DATE SIGNED 22b. SIGNATURE( MED. DIRECTOR ATTENDING DEGREE 22e. ADDRESS 22d. PHYSICIAN'S director, pa should be f 21539 NAME (Type) LONACONING should 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) 23b, DATE (County) (State) 23a. BURIAL, CREMATION, BEWOXA (SoditA) Frostburg, Md. 1/30/1968 St. Michaels Cemetery
ADDRESS 250. REC'D BY 25b. REGISTRAR'S SIGNATURE 24. FUNERAL DIRECTOR VR A15 (4) George Eichhorn Lonaconing, Md. DATE AN 3 30M REV. 1/68

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MARYLAND STATE DEPARTMENT OF HEALTH 00105 DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 00105 CERTIFICATE OF DEATH I. DECEASED-NAME First Middle Lost Jan. Month 24 Doy 68 Year (Type or print) William Carl. Zais 5. DATE OF BIRTH 7/18/1903 buriol-transit permit. Then pleose remove corbon papers. Pages T buriol, cremation, or removal, and in ony event, within 72 hours ofter 4. RACE 3. SEX 6. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS. White. Male. lost birthday) HOURS equires that the death certificate be executed within 24 hours 7b. CITIZEN OF WHAT COUNTRY? 7o. BIRTHPLACE (Stote or foreign 8. MARRIED NEVER MARRIED 9. COUNTY OF DEATH Maryland U. S. A. WIDOWED T Allegany DIVORCED and completely filled 10. CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL OR INSTITUTION (If not in hospital 12o. USUAL OCCUPATION (Kind of work done 12b. KIND OF BUSINESS OR give street oddress) during most of working life, even if retired.) INDUSTRY Celanese Silk Cumberland 129 Paca St. 130. USUAL RESIDENCE (Where deceosed lived, if institution: Residence before 13c. CITY OR TOWN 13d INSIDE CITY LIMITS? 13e. STREET AND NUMBER 13b. COUNTY Allegany Cumberland YES TX 129 Paca St. Maryland 14. FATHER'S NAME 15. MOTHER'S MAIDEN NAME First First Middle Lost Middle Zais John M. Patrick Susan 160. WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO. 17. INFORMANT Address Yes no or unknown) (If yes give war ar dates of service) 214-07-3502 Mrs. Elizabeth Zais 129 Paca St. Cumb. Md 18. CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c).)
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (o) Carcinomatoses DUE TO, OR AS A CONSEQUENCE OF Carcenone of The Lungs signed by the buriof-transit p Conditions, if ony, which gove ) rise to immediate couse (o), DUE TO, OR AS A CONSEQUENCE OF stoting the underlying couse PART 2. OTHER SIGNIFICANT/CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(6) **TO FUNERAL DIRECTOR:** After this certificate has been director, page 3 should be detached for use os the should be filed with the State Dept. of Heolth prior to 190 DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING 20o. AUTOPSY? CAUSES OF DEATH? YES [ 21c. HOW INJURY OCCURRED (Enter noture of injury in Port 1 or Port 2, Item 18.) 21o. ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY OR CONTRIBUTING CAUSE OF DEATH HOUR A.M. Month Doy Year (If either, notify medical examiner) 21e. PLACE OF INJURY (AT HOME, FARM, STREET, FACTORY.) 21f. LOCATION Street or R.F.D. No. 21d. INJURY OCCURRED City or Town County State While Not while at work couses stated above (1) (we) (did) (did not) view the body after deoth. 22b. SIGNATURE ATTENDING PHYS. STAFF PHYS. DIRECTOR -22d. PHYSICIAN'S 22e. ADDRESS NAME (Type) Weisman, M. D. 23d. LOCATION (City or Town) 23b. DATE 23c. NAME OF CEMETERY OR CREMATORY 23o. BURIAL, CREMATION: (County) (Stote) REMOVAL (Seelify) Sunset Memorial Park. Cumberland, Allegany 1/27/68 25b. REGISTRAR'S SIGNATURE 24. FUNERAL DIRECTOR 2So. REC'D BY REGISTRAR DATE JAN 30 Charles H. Wayne George Cumberland, Maryland 30M REV. 1/68

